

CORPOREAL ANXIETY: THE VISUAL ARGUMENTATION OF RECENT ANTI-  
TOBACCO ADVERTISEMENTS

By

Jacob W. Justice

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Chairperson Brett Bricker

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Co-Chair Robert C. Rowland

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Dr. Dave Tell

Date Defended: May 5, 2016

The Thesis Committee for Jacob W. Justice  
certifies that this is the approved version of the following thesis:

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## ABSTRACT

Tobacco usage is the leading contributor to preventable death in the United States, yet maintains a strong appeal to many demographics, due to decades of massive advertising expenditures from the tobacco industry and the ubiquitous presence of cigarettes in American culture. Two of the latest developments in the federal government's effort to stem tobacco-related death are the *Tips from Former Smokers* and *The Real Cost* counter-advertising campaigns. This thesis documents the rhetorical trajectory of cigarette discourse in the United States, explaining how past cigarette advertising and anti-smoking campaigns have exerted influence on the messaging strategies of *Tips from Former Smokers* and *The Real Cost*. This thesis also offers an explanation for the successes and failures of these campaigns, emphasizing the role of visual argument and bodily rhetoric in producing persuasion. An analysis of more than a dozen anti-smoking messages from these campaigns reveals that visual arguments can serve a dialogical function and that the associations between desirable features and cigarettes created by past tobacco industry advertising remain potent. This thesis concludes by offering recommendations for future anti-smoking messaging campaigns.

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## Chapter One: Introduction

Cigarette smoking is an activity with deep resonance in American culture, with billions of dollars spent on advertisements used to promote tobacco products each year. The Centers for Disease Control and Prevention (CDC) estimates that 42.1 million adults in the United States smoke cigarettes, and that smoking is the single greatest cause of preventable death in the United States (CDC, 2015b). Despite the overwhelming and widely-known scientific evidence linking smoking to fatal diseases like cancer, millions of people knowingly put themselves in danger. However, their reasons for doing so remain perplexing. Smokers from previous eras were not privy to this information; the Indians of the Greater Antilles who Christopher Columbus observed smoking leaves and the early 20<sup>th</sup> century American socialites consuming the first Marlboro and Camel products did not comprehend the dangers of smoking like we do today (Goodman, 2005, p. xv).

Despite a slow trickle of information which steadily built up over the course of the early twentieth century, public knowledge of these risks was relatively low until the 1964 release of the government's groundbreaking *Smoking and Health: Report of the Advisory Committee to the Surgeon General*, which comprehensively outlined the deleterious health consequences of cigarette smoking (Goodman, 2005, p. xv). That pivotal document, "one of the most important and most widely quoted documents in the annals of medicine," described the multitude of deadly cancers and ailments linked to smoking, changing the terms of the debate about the health risks of smoking in a fundamental way (Blum, 2014, p. 418). The bombshell findings of this report constituted the "single most important event in the history of tobacco control" and "encouraged a wave of regulation and legislation in the developed world" (Blecher, 2008, p. 1).

Spurred to action by these findings, in 1965 Congress passed the Federal Cigarette Labeling and Advertising Act, which mandated that the now-familiar “Caution—cigarette smoking may be hazardous to your health” warning label appear on all packs of cigarettes sold in the United States (Goodman, 2005, p. xv). In 1970, the anti-smoking cause won another victory when Congress enacted the Public Health Cigarette Smoking Act of 1969, which banned advertising for cigarettes on the radio and television (Goodman, 2005, p. xv). This legislation gave supporters of the anti-smoking cause a monopoly over the airwaves, an advantage they would seek to use to reverse the damage done by years of pro-smoking advertisements. Smoking rates have been reduced since these important reforms, but much more work remains to be done as “the rate of decline has slowed” in recent years (Huang et al., 2015, p. 480). Although “the number of adults who smoke is at its lowest since cigarette smoking was first recorded by the U.S. Centers for Disease Control and Prevention in 1965,” there are still “specific trouble spots and demographic skews” such as high smoking rates amongst the poor and less educated that need to be addressed (Bratskeir, 2015, paras. 1-3).

Even with these legislative victories, the anti-tobacco forces<sup>1</sup> within the United States government face an array of rhetorical barriers to success. That the tobacco industry has created a cultural predisposition towards viewing smoking as “cool” and attractive constitutes a massive impediment to any campaign that seeks to reduce tobacco consumption. The 1965 advertisement ban and similar regulations, which have subsequently been applied to mediums other than television and radio, may prevent a new generation from being directly exposed to certain pro-tobacco advertisements. Unfortunately, they face difficulty undoing decades of advertising that normalized cigarettes and made them a common fixture in American culture. This “marketing

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<sup>1</sup> By anti-tobacco forces, I largely refer to government agencies such as the CDC tasked with guarding public health. Historically, non-governmental actors have participated in organized opposition to tobacco as well, as described in chapter two.

advantage” has allowed the tobacco industry to “to overcome legislative restrictions on cigarette advertising since the late 1960s” (National Library of Medicine, 2011, para. 1).

Further complicating efforts to reign in smoking is the popular association between tobacco usage and desirable qualities. For decades, tobacco corporations pitched their products as the key to “health, leisure, pleasure, sexual attractiveness, [and] affluence,” which, following the logic of these advertisements, require an able body (Tinkler, 2005, p. 16). Due to the pervasiveness of a linkage between tobacco usage and able-bodied vivacity, smoking remains deeply appealing to some. It is telling that cigarette advertising has been designed to appeal to a variety of demographics (men, women, African Americans, young adults, etc.), yet these advertisements do not feature disabled people. This ubiquity of attractive and appealing people alongside the absence of any non-able bodies in cigarette advertising demonstrates that the tobacco industry’s advertising normalizes the desire for an able body, by portraying ideal tobacco consumers as those who meet or exceed this implicit norm of physical ability. A key barrier to successful anti-tobacco campaigns is therefore the popular association between smoking and physical attractiveness.

Moreover, the tobacco industry has proven to be difficult to regulate, with increased restrictions on one medium of advertisement merely providing corporations with an incentive to circumvent these restrictions by diversifying into alternate advertising methods. Indirect advertising methods such as brand diversification, a process through which tobacco companies “associate their brand names with non-tobacco products,” can give these corporations profitable avenues in the face of government regulation, perpetuating a “cat and mouse game” between government and the industry (Howells, 2011, p. 258). In addition, the massive financial clout of the tobacco industry makes them a formidable opponent for even the most well-funded actors.



The federal government can barely compete with the industry's 8 billion dollar advertising budget (Dennis, 2013, para. 6). This has forced federal anti-smoking campaigns to pursue a diversity of tactics, including multimedia efforts, which have been shown to "have a large impact at a relatively small cost" (Xu et al., 2015, p. 324).

Compounding these cultural and financial obstacles is the reality that smokers are often not easy to persuade. This much should be clear to anybody with a stubborn family member who they have tried to convince to abandon smoking. Although there is data suggesting anti-smoking advertisements can be linked to reduced smoking, competing data confirms what personal anecdotes suggest. Research shows that "a significant proportion of the population does not heed anti-smoking health messages" (Mahoney, 2010, p. 33). Many factors contribute to the tendency of audiences to mentally block out anti-smoking messages. This phenomenon is consistent with the theory of "motivated reasoning," which holds that people often filter out or ignore information that contradicts or challenges their worldview, independent of the accuracy of that information (Kahan, 2013, p. 408). Very often, audiences become numb to messaging appeals and unwilling to alter their habits. Ryan et al.'s (2010) research found smokers become "anaesthetised to the high frequency of exposure to these campaigns and take evasive action to avoid them" (p. iv).

This trend is especially prevalent among young people who are often the target of tobacco advertising. A sense of invulnerability or immunity can render them dismissive of the health dangers of smoking, hindering their ability to empathize with those suffering from smoking-related health problems. (Ryan et al., 2010, p. ii). To a teenager mentally preoccupied with short-term concerns like maintaining a cool self-image or projecting a sense of independence, appeals to health effects that seem abstract or far down the road may not hold

much water. Research about this style of advertising messaging has shown that younger demographics are “growing tired of this style of approach and refusing to watch it” (Ryan et al., 2010, p. 31). Government anti-smoking advertisements target not only youth, but specific demographics and sub-cultures amongst America’s youth population, such as “hipsters.” The government appears to have determined that “hipsters seem to ignore traditional public health messaging” and that “harping on that smoking-will-kill-you message doesn’t seem to resonate with that group” (Cook, 2015, paras. 12-13). Adult smokers are no easier to persuade. Adult smokers have expressed a “fatigue” towards advertising which diminishes the effectiveness of arguments against smoking using a straightforward cost-benefit analysis (Ryan et al., 2010, p. 51).

In an effort to break from past advertising efforts and adapt to these rhetorical barriers, anti-tobacco advertising has evolved. Until recently, the Office on Smoking and Health at the CDC’s campaign against cigarettes emphasized the argument that smoking would shorten a person’s life expectancy (Newman, 2014, paras. 1-2). The CDC has gradually diversified its messaging because smokers dismissed this argument on the (unfounded) basis that “it would not happen to them” (Newman, 2014, para. 4). After collecting data from research groups of smokers to help shape a new campaign that could overcome the short-comings of previous efforts, the CDC responded by fine-tuning their message to manipulate a fear that their research indicated is even more deep-seated than the fear of death itself: the fear of disability, disfigurement, and reliance on technology (Newman, 2014, paras. 1-5). At the forefront of this effort is the *Tips from Former Smokers* advertising campaign, which began in 2012, and is notable for being “the first, national, mass-media antismoking initiative to be funded by the US Government” (McAfee et al., 2013, p. 2007). The key to this campaign’s pitch is not a mortality-based fear appeal, but

rather graphic images of former-smokers suffering from disability and disfigurement, many of whom use prosthetics and medical technology. The campaign appears to have been a resounding success, with estimates crediting *Tips from Former Smokers* for motivating 1.6 million smokers to quit (Newman, 2014, para. 15). The evidence that this campaign meaningfully persuaded its audience is robust:

Use of cessation services, including calls made to the telephone helpline and visits to the quit website, escalated during the campaign period,<sup>26</sup> supporting our estimated rise in national campaign-related quit attempts. Calls to 1-800-QUIT-NOW increased 132% during the period of the Tips campaign, representing more than 200,000 additional calls compared with the same period in the previous year, and more than 500,000 unique visitors above baseline rates accessed [www.smokefree.gov](http://www.smokefree.gov) during the campaign.

(McAfee et al., 2013, p. 2007)

Moreover, this campaign has been an effective counter to the overwhelming financial advantage enjoyed by the tobacco industry: “despite being on the air for only about 12 weeks a year and spending just a fraction of what the tobacco industry spends on marketing,” *Tips from Former Smokers* “helped 100,000 smokers to quit and saved about 17,000 people from a premature death” in an extremely cost-effective manner (Myers, 2015, para. 4).

Xu et al. found the *Tips from Former Smokers* campaign “was effective in increasing population-level quit attempts” and that it “generated an estimated 1.64 million new quit attempts of  $\geq 1$  day among U.S. adult smokers and approximately 100,000 estimated sustained quits of  $\geq 6$  months” (2015, p. 319). Huang et al. found “the campaign was effective in increasing knowledge levels of these lesser known health consequences from smoking” such as amputation and blindness (2015, p. 484). The campaign impacted non-smokers as well; McAfee

et al. claimed that “millions of non-smokers reported talking to smokers during the Tips campaign about the dangers of smoking, with many referring friends and family to cessation services” (2013, p. 2007). Emery et al.’s (2014) research found that the CDC’s fine-tuned rhetorical strategy, often based around the fear of disability, was an important variable in the success of these advertisements: “the graphic emotional approach employed by Tips had the desired result of jolting the audience into a thought process that might have some impact on future behavior” (p. 290). However, nearly every successful campaign comes with a cost. It would appear these videos exploit societal ableism and fear of disablement for persuasive effect, which contributes to their success in deterring tobacco usage. There is ample evidence these new messaging tactics are effective; the role of rhetorical critics should be to explain why and at what cost.

The Food and Drug Administration’s (FDA) new *The Real Cost* advertisements similarly downplay high-magnitude mortality risks and instead emphasize higher-probability risks like tooth loss from gum disease. *The Real Cost* can be thought of as *Tips from Former Smokers*’ youth-targeted counterpart. The FDA launched the campaign in 2014 (two years after the debut of *Tips from Former Smokers*), touting it as the agency’s first campaign geared towards tackling the country’s youth smoking crisis. Like the CDC’s campaign, *The Real Cost* is a multimedia effort that encompasses many mediums. The campaign is part of a trend in anti-tobacco messaging targeted at youth, which has shifted away from long-term mortality risks, focusing instead on “short-term consequences of smoking such as bad breath, stained teeth, wrinkles, shortness of breath, and inability to perform well in sports” (Farrelly & Davis, 2008, p. 130). In reaction to “studies that show teens are often more worried about their appearance today than their long-term risk of cancer,” this new wave of messages argues that smoking will render one

unattractive and undesirable (Szabo, 2014, para. 7). Although they do not explicitly use the same visual lexicon as famous pro-smoking commercials, they do contest the linkage between physical desirability and cigarettes. In addition, these advertisements counter the association between cigarettes and independence, autonomy, and rebellion from authority. They accomplish this by highlighting how cigarettes come to control their users. Government agencies appear to have concluded that messages which emphasize short-term, high-probability adverse effects of smoking offer a more effective route to dispelling the linkage between attractiveness and smoking than the traditional strategy of emphasizing high magnitude mortality risks. In this thesis I offer an explanation for the successes, and failures, of these campaigns that emphasizes the role of visual argument and bodily rhetoric in producing persuasion.

### **Justification for Study**

As demonstrated above, crafting an effective anti-tobacco advertising campaign requires the balancing of many competing demands. The ideal advertisement would capture the audience's attention and convey the risks of smoking without unduly offending them or otherwise prompting them to tune out the information. In practice, this has been a difficult balance to strike, raising a host of questions for rhetorical scholars. Despite the existence of social scientific research on this topic, the *Tips from Former Smokers* and *The Real Cost* campaigns have yet to be analyzed from a rhetorical perspective, representing a large gap in our knowledge about anti-tobacco messaging. The jarring imagery of bodily disfigurement in these messages sets them apart from most other advertisements consumers will encounter, that usually rely on images featuring actors and actresses with healthy, attractive features.

The new tactics featured in these campaigns are a noteworthy evolution in public health messaging, and worthy of further rhetorical analysis. Indeed, *Tips from Former Smokers* has

already called past research about persuasion into question. There is a predisposition amongst certain advertising researchers to view “the use of promotional campaigns featuring relatively strong emotional references to death/dying” as an “effective persuasive technique” (Kareklas & Muehling, 2014, p. 244). Prior social scientific research conducted about anti-smoking advertising has supported the notion that death appeals are as effective as non-death fear appeals. Henley and Donovan conducted a (2003) study comparing responses “to death threats (e.g. ‘Quit smoking or you’ll die prematurely of emphysema’) and non-death threats (e.g. ‘Quit smoking or you’ll be disabled by emphysema’)” and found that both styles of fear appeal were equally effective with 16 to 25 year olds (p. 2). Advertising practitioners appear to agree about the efficacy of death appeals. Since 2009, “there has been a decided increase in the number of advertisements and public service announcements featuring death,” which reflects the conventional wisdom that “death is the ultimate form of fear” (Wojciechowski & Shelton, 2014, p. 92). The success of *Tips from Former Smokers* challenges the notion that death appeals should be prioritized when attempting to induce behavioral change in an audience, one of many important implications that this campaign has for the study and practice of advertising and persuasion. In the subsequent chapters of this thesis I proceed to conduct a careful rhetorical analysis of messages from both the *Tips from Former Smokers* and *The Real Cost* campaigns, to explore the complex relationship between disability imagery, non-death fear appeals, argument and persuasion.

Because of the gravity of the problem of tobacco usage in America, analyzing the rhetoric of these public health campaigns is a worthy cause. The stark reality of tobacco usage in America – which claims hundreds of thousands of lives per year in spite of many efforts to reverse these trends – points to the practical significance of rhetorical criticism that can

illuminate the complex set of rhetorical strategies at play in short tobacco advertisements. The results of the analysis conducted in this thesis have the potential to enhance our understanding of what rhetorical tactics contribute to or detract from the persuasiveness of anti-smoking advertisements, making a positive contribution to the anti-smoking cause. Data from the U.S. Surgeon General corroborating that tobacco use contributes to about 1 in 5 deaths (or 480,000 deaths per year) via lung cancer and other conditions makes designing campaigns that can overcome these rhetorical barriers a particularly urgent matter (American Cancer Society, 2014). In addition, these messages deserved to be analyzed because of their potential to shape our understanding of disability in visual culture. At times, these campaigns appeal to the norm of an ideal able-body, stigmatizing other bodily forms in the process. In subsequent chapters, I will demonstrate why rhetorical critics must be cognizant of the way that advertising can serve as a means to uphold these pernicious norms.

### **Methodology**

The texts evaluated in the following chapters are video messages from the *Tips from Former Smokers* and *The Real Coast* campaigns. Limiting my focus to these two campaigns has several benefits. The first is practical in nature: studying all anti-tobacco advertising ever produced is a task beyond the means of one individual, necessitating the adoption of some limiting parameters. Second, these two campaigns utilize similar rhetorical strategies and contain similar themes, which will hopefully contribute to analysis that is more fruitful than if one campaign were considered in isolation from the other, or as part of a much broader analysis of anti-tobacco advertising generally. On top of these substantive similarities, the two campaigns are both federal government-sponsored and have been released to the public near-simultaneously, representing the newest evolution in anti-tobacco advertising.

Rather than analyzing every single video released as part of either campaign, I evaluate a sample of videos which serve as representative cases for analyzing the interplay of visual argument, bodily rhetoric, and fear appeals in these texts. The cases analyzed here are representative insofar as the videos I have selected capture the broad themes of the campaign and feature a diverse array of persons suffering from a variety of smoking-related conditions, in the interest of providing an adequate breadth of focus. Limiting my perspective to these representative cases has several benefits. Once again, analyzing every single video in each campaign would be too monumental a task for one thesis; the *Tips from Former Smokers* campaign alone has more than 70 video resources available online. Second, analyzing every single video would not be particularly instructive. The *Tips from Former Smokers* campaign, for example, features many videos that contain the same “former smoker” (Terrie Hall alone is featured in 8 videos). In addition, many of these videos feature repetitive information and themes, which would make for redundant analysis. In the following chapters, I have selected a diverse sample of texts, to provide an illustration of the many rhetorical strategies at play while avoiding repetitiveness and the problem of diminishing returns. The texts examined here are “supple and complex enough to be representative” of the campaigns as a whole (Burke, 1945, p. 60). The scope of texts examined is also sufficiently large enough to accurately reflect the campaigns in their totality, in spite of their simplicity (Burke, 1945, p. 60). In particular, the videos I have selected from the *Tips from Former Smokers* campaign feature a diverse array of subjects with many different backgrounds and disabilities. The videos I have selected from *The Real Cost* campaign are likewise, an illustrative cross-section of rhetorical strategies that are mostly typical of the broader campaign.



With these parameters in place, I utilize a variety of theoretical tools to explain the rhetorical strategies at play within the CDC's *Tips from Former Smokers* advertisements and the FDA's *The Real Cost* advertisements. I perform an open-ended search of these videos, and in subsequent chapters I detail moments where the body serves as a visual argument or as a form of bodily rhetoric. In particular, I pay close attention to moments in these videos when parts of the human body or experiences pertaining to the body are verbally described, and moments when the various parts of the human body are visually highlighted. I also document instances where these advertisements portray cigarettes as a threat to the normality of the body. In the following chapters, I explain the persuasive impact of these rhetorical choices, using the following theories.

### **Visual Argument**

The primary theory utilized in my analysis of these texts is the theory of visual argument as originally articulated by Birdsell and Groarke. Applying this theory to these texts is intuitive because much of their rhetorical power comes from their visual content and imagery rather than their verbal material. The bodies featured in these advertisements serve as tangible enactments and demonstrations of the health dangers of smoking. Kjeldsen claims that “most of the rhetorical communication we encounter today has a visually dominated multimodal form” and these advertisements are no exception (2015, p. 198). According to Birdsell and Groarke, visual arguments are merely “arguments (in the traditional premise and conclusion sense) which are conveyed in images” (2007, p. 103). In their 1996 article introducing this theory, Birdsell and Groarke outlined three types of context which are useful for analyzing visual arguments. First is the immediate visual context – where a particular image is situated within a progression of images or a sequence of frames (Birdsell & Groarke, 1996, p. 6). Second is the immediate verbal context – which includes captions and direct verbal references but also the implicit verbal

backdrop from which arguments are derived (Birdsell & Groarke, 1996, p. 6). The third and final type of context is visual culture, which is more indirect than the previous two, but no less significant, insofar as it encapsulates cultural conventions of vision and different ways of seeing (Birdsell & Groarke, 1996, p. 7). All three of these concepts are relevant for interpreting the anti-smoking rhetoric circulated by the CDC and FDA.

In their 2007 article that revisits the idea of visual argument, Birdsell and Groarke outline several ways that visual images are used, a typology that I have applied to these two advertising campaigns in the following chapters. Visual flags are used to attract attention to a message, an important task in today's world where audiences are bombarded with a "flood of messages" (Birdsell & Groarke, 2007, p. 104). Advertisements from the *Tips from Former Smokers* campaign utilize disabled bodies as visual flags; the unsettling imagery of people suffering from visible disfigurements is a way to cut through the noise and grab the audience's attention. Visual demonstrations are used to "present abstract information that is not easily conveyed in words" (Birdsell & Groarke, 2007, p. 105). Clearly visual demonstrations are in play within *The Real Cost* messages, which include depictions of smokers pulling out their teeth to illustrate the otherwise abstract dental-related health externalities of a tobacco habit. In a broader sense, the combination of personal testimony and disabled bodily imagery in the *Tips from Former Smokers* messages produces a powerful demonstration of the health costs of smoking. A visual metaphor "conveys some claim figuratively, by portraying someone or something as some other thing" (Birdsell & Groarke, 2007, p. 105). Visual metaphors are used quite frequently in *The Real Cost* advertisements, which often feature characters meant to personify the perils of smoking addiction. Visual symbols draw upon strong, preexisting cultural associations between image-signifiers and some object, in order to stand for something they represent; an example of

this is eagle imagery, which is powerfully linked to America and patriotism (Birdsell & Groarke, 2007, p. 105). A visual archetype is a specific type of visual symbol “whose meaning derives from popular narratives” (Birdsell & Groarke, 2007, p. 105). Visual symbols and archetypes are also present in these advertisements, which portray smoking as a threat to the ideal American family. A common theme in the Tips from Former Smokers campaign is that smoking will interfere with one’s ability to perform their familial duties as a mother or father, an argument with powerful symbolic resonance in American society.

Roque offers two additional categories that can be used to classify types of visual messages. First, a “parallel argument” features one argument that is expressed by both text and an image (Roque, 2015, p. 187). Second, a “joint argument” is when one part of an argument is expressed verbally while the other is expressed visually (Roque, 2015, p. 187). These types of visual arguments are fairly common in the *Tips from Former Smokers* campaign, which often features explicit textual claims while visual imagery of persons suffering from smoking-related health conditions provides a vivid illustration to support that abstract claim. Previous research on visual argument provides a bevy of theoretical tools with which to analyze the visual arguments found in these messages.

### **Bodily Rhetoric**

I also incorporate and build upon theories associated with visual rhetoric, in particular, bodily rhetoric and bodily argument. Bodies have the ability to exude persuasive signs, rendering them texts that can be rhetorically analyzed just like arguments advanced through other mediums. Applying these theories of bodily rhetoric to recent anti-smoking messages is feasible and intuitive, because it is bodies that do the heavy rhetorical work in many of these messages, by conveying the dangers of smoking. Many scholars have noted how rhetoric is embodied:

The body can be seen as rhetorical equipment, a rhetorical instrument, and a rhetorical engine. The body is rhetorical—it communicates and thinks. Bodies are always present in and through signification. (Dolmage, 2013, p. 89)

Bodies have the capacity to serve as “not merely flags to attract attention for the argument but the site and substance of the argument itself” (DeLuca, 1999, p. 10). Aside from the rhetoric that occurs on the verbal plane, the presence of certain types of bodies, such as the disabled and technologically-supplemented bodies in these videos, is in and of itself an example of a bodily form becoming a material, rhetorical event (Selzer, 1999, pp. 9-10). Moreover, because bodies are “sites of epistemological and ontological uncertainty” they are “fertile ground for the rhetorical critic” (Harold, 2000, p. 866). This rhetoricity of the body is particularly salient in the context of imagery of the disabled bodies, as “visualizations of disabled people act as powerful rhetorical figures that elicit responses or persuade viewers to think or act in certain ways” (Garland-Thomson, 2002, p. 58).

### **Archetypal Criticism**

Archetypal rhetorical criticism is also incorporated into my analysis of these campaigns. Archetypes are of direct relevance to those interested in rhetorically analyzing cigarette discourse – the Marlboro Man and Joe Camel have themselves been described as archetypes (Brandt, 2008, p. 329i). Archetypes are said to have “persuasive potency” because of “a certain universality of appeal provided by their attachment to basic, commonly shared motives” (Osborn, 1967, p. 116). Several rhetorical devices in these campaigns tap into powerful cultural associations held by Americans. The healthy body is itself an archetypal image but has not been recognized as such by rhetorical scholars. The body is not “primarily matter” but also “a symbolic object” that can serve as “a template for images in which we may perceive larger meanings” (Taylor, 1996, p.

vii). Throughout human history, certain configurations and portrayals of the human form have become associated with very particular meanings. In particular, there exists within our visual culture a “mythical able-bodied norm” (Dolmage, 2013, p. 22). Many of the anti-tobacco messages analyzed here present smoking as antithetical to this archetypal healthy and able human form, which has had great resonance across cultures for centuries. Pro-cigarette advertisements have historically tapped into powerful archetypes, such as the image of a cowboy, who embodies masculinity, individuality, and able-bodied vivacity. Although none of these advertisements explicitly utilize the country-western iconography of the Marlboro Man, they cast smoking as being in opposition to the able-bodied autonomy he is meant to represent by arguing that smoking will degrade the individual’s body and physical form. An important theme of *The Real Cost* messages is that smoking will undermine the agency of the individual, and the individual’s capacity to control their own body, by making all of one’s needs and goals subservient to tobacco addiction.

### **Emotional Appeals**

In addition to these theories, I draw upon existing scholarship as it relates to “emotional appeals,” which are prominent in anti-smoking advertisements. Although the *Tips from Former Smokers* campaign utilizes personal testimony while *The Real Cost* campaign relies upon dramatizations, both campaigns feature fear appeals as a core persuasive strategy. Fear appeals have been defined as “persuasive messages designed to scare people by describing the terrible things that will happen to them if they do not do what the message recommends” (Witte, 1992, p. 329). Another variable present in the fear appeals contained in these advertisements is *disgust*, which is also beginning to receive heightened attention from analysts of advertising and communication. Messages that can invoke disgust are said to be able to “significantly enhance

message acceptance beyond that of persuasion appeals that elicit fear but not disgust” (Morales et al., 2012, p. 383). This finding is highly relevant as many of the individual messages from the *Tips from Former Smokers* and *The Real Cost* campaigns rely not only on fear-based appeals, but also attempt to provoke disgust in their audiences by showing the gruesome health consequences of tobacco usage. Several messages from *The Real Cost* campaigns in particular go out of their way to provoke disgust in their audience by depicting people pulling out their teeth or ripping off their skin as a way of visualizing the risks of smoking.

However, this analysis goes beyond pointing out the existence of fear appeals. Not all fear appeals are created equal. Specifically, it is prudent to utilize a distinction between “death threats” and “non-death threats” that is already recognized in fear appeal literature (Henley & Donovan, 1999, p. 302). Within the category of non-death threats one can discern a specific variety of message that appeals to the fear of disablement. Henley and Donovan’s research about anti-smoking strategies has demonstrated that 16 to 25 year olds find “non-death disablement” appeals persuasive (2003, p. 8). The *Tips from Former Smokers* campaign seems to be carefully tailored to exploit this fear.

The fear appeals deployed by anti-tobacco campaigners have evolved over time. Traditionally, anti-smoking advertisements utilized death threats based on the increased mortality risks that accompanies smoking via conditions such as lung cancer and emphysema. Although those style of fear appeals are still utilized, the newest generation of anti-tobacco advertisements increasingly utilize non-death threat appeals to health risks that are lower magnitude (in terms of mortality risk) but perhaps higher probability and more visceral. References to mortality risks are conspicuously absent from most of these advertisements. This tactical shift was necessitated by the increasing volume of research which demonstrates smokers

dismiss many health risks as unlikely to happen to them, as “self-exempting beliefs act as a shield for smokers by providing false reassurance” (Ryan et al., 2010, p. 13). In particular, younger smokers are willing to dismiss these risks on the basis that they “only applied to older or more established smokers” (Ryan et al., 2010, p. 15). In addition, younger smokers have been identified as primarily social smokers who “tend to smoke with friends in coffee shops, at parties and in clubs and pubs particularly on weekends” (Ryan et al., 2010, p. 42). It is easy to see how the surreal messages of *The Real Cost* campaign, which play on young-adult social anxieties and rely on a mixture of fear and disgust-based appeals, are a reaction to the emergence of this demographic of young smokers who are un-swayed by death threats and consume tobacco products for primarily social purposes. Henley and Donovan established that this new brand of messaging might be more effective and that the utility of death-based fear appeals may have been previously over-estimated (1999, p. 302).

Fear is not the only emotion that opponents of smoking have sought to tap into. A related but distinct variety of appeal in these advertisements is the shock appeal. A shock appeal can be defined as a message designed to “deliberately startle and upset audiences” (Jones et al., 2010, p. 15). Shock appeals share a common purpose with the previously described visual flag device; they are meant to capture the audience’s attention with jolting imagery, differentiating the message from the barrage of non-descript commercial advertisements an audience is likely to encounter during a television commercial break. Both of the campaigns analyzed here rely heavily on shock-based messaging. In particular, *Tips from Former Smokers* features individuals with disabilities and disfigurements who seem jarring and out place in the visual context of television advertising, which heavily features physically attractive models and celebrities.

Advertising campaigns frequently seek to exploit a variety of other negative emotions. The *Tips from Former Smokers* and *The Real Cost* utilize sadness and guilt-based appeals which emphasize how smoking might negatively impact one's relationships with their family or friends. Burnett and Lunsford outlined four dimensions of consumer guilt that are common in advertising: financial, health, moral and social responsibility (1994, p. 40). These messages primarily make guilt appeals centered on the dimensions of health and social responsibility. According to Ryan et al., certain young smokers that smoke in mainly social settings and are dismissive of smoking's health consequences might be particularly receptive to an "impact on others" approach that is meant to create feelings of guilt (2010, p. 42). Given that many young smokers perceive short-term social benefits to tobacco usage, *The Real Cost* messages often highlight the negative effects smoking may have on a teenager's social life. Several messages illustrate how smoking may lead one to become an unreliable or poor friend. *Tips from Former Smokers* messages perform a similar function when they feature testimony from former smokers detailing how smoking negatively impacted their family life. Anti-smoking advertisements that emphasize the impacts of secondhand smoke on loved ones are typically laden with these type of guilt appeals. There are too many varieties of emotional appeals in the *Tips from Former Smokers* and *The Real Cost* campaigns to list here, and it is not my objective to do so. However, this review should make it clear that existing research provides abundant theoretical resources to describe the persuasive impact of the various emotional appeals in these campaigns.

In the following chapters I utilize a variety of theoretical tools to analyze these anti-smoking messages. Theories of argument provide critics a useful system for categorizing, evaluating, and understanding different forms of visual arguments. Theories of bodily rhetoric provide the tools necessary to demonstrate how bodies, and disabled bodies in particular, can be



analyzed like texts to reveal rhetorical strategies and persuasive appeals. The study of archetypes allows the critic to incorporate a discussion of broader cultural assumptions into rhetorical criticism. On top of that, communication and advertising research provides a set of categories (death appeals, non-death appeals, fear appeals, guilt appeals, etc.) which broaden the vocabulary available to critics and enhance the capacity of critics to analyze these texts.

### **Conclusion**

*Tips from Former Smokers* and *The Real Cost* have changed the landscape of anti-tobacco messaging in the United States. The clear success of *the Tips from Former Smokers* campaign combined with the groundbreaking and innovative nature of both campaigns demands that critics devote time and attention to rhetorical analysis of these texts. There are at least four powerful elements present in these texts: the use of disabled bodies as visual arguments, bodily rhetoric, the appeal to the classic archetype of the healthy human bodily form and its disabled counterpart, and emotional appeals based on fear, disgust, guilt, and the aversion to loss of normality and humanity. These elements have rhetorical power because of their capacity to cause the audience to experience what I call “corporeal anxiety,” or fear of disability and disablement. My rhetorical analysis of these texts proceeds through four subsequent chapters. Chapter two provides historical discussion of the interplay between pro-smoking and anti-smoking advertisements, in order to situate the *Tips from Former Smokers* and *The Real Cost* campaigns within the broader context of America’s discursive battle over the health consequences of smoking, focusing primarily on twentieth century tobacco advertising. Chapter three analyzes several specific messages from the *Tips from Former Smokers* campaign, while chapter four conducts a similar examination of several messages from *The Real Cost* campaign. This thesis concludes with a discussion of my research’s implications for the study of rhetoric, argument,

and the tobacco crisis generally, while offering recommendations for future anti-smoking counter-advertising efforts.

## **Chapter Two: The Rhetorical Trajectory of Cigarette Discourse**

In order to fully explain the potency of the visual arguments present in the *Tips from Former Smokers* and *The Real Cost* campaigns, it is necessary to provide a review of both pro- and anti-cigarette advertising throughout history. Charting the “rhetorical trajectories” of pro-cigarette and anti-cigarette discourse helps document the historical evolution of society’s debate on the risk of cigarettes, providing valuable context that enhances our understanding of persuasive appeals utilized by modern anti-cigarette advertisements in the present (Griffin, 1984, p. 111). According to Zarefsky et al., a rhetorical trajectory is “the progression or curve of development that a speaker establishes as he or she attempts to turn a vision into reality” (2014, p. 350). Mapping the historical twists and turns in the struggle over the public meaning of smoking is a worthy task, as “by the tracing of the terminological trajectories in the rhetoric of an individual or a collectivity we may gain understanding as to how a particular state of readiness is achieved” (Griffin, 1984, p. 127). In the case of the cigarette controversy, application of the concept of rhetorical trajectories reveals the interplay between persuasive strategies and scientific findings, governmental restrictions, and cultural attitudes. Far from being only an exercise in chronicling the past, “any rhetorical history is also a reflection of a desired future and a critique of a version of now” (Dolmage, 2013, p. 7).

The strategies utilized in these campaigns have not occurred in a vacuum; the CDC and FDA’s choice of persuasive tactics was influenced by previous efforts to encourage and discourage smoking behavior. These two new campaigns should be read as participating in a decades-old societal dialogue on cigarettes, which has been in part carried out in the visual realm. In this chapter I document and describe the dialectical development of arguments on both sides of the cigarette controversy, beginning with the emergence of the first cigarette

advertisements in the mid-nineteenth century and concluding with the years preceding the release of *Tips from Former Smokers* and *The Real Cost*. My objective is not to exhaustively document every advertising trope in cigarette discourse, but to provide context for several important archetypes that are present in *Tips from Former Smokers* and *The Real Cost* messages.

### **The Early Days: Early Branding Efforts and Unscientific Opposition**

Because tobacco advertising is about as old as the tobacco industry itself, this analysis of the rhetorical trajectory of cigarette discourse will begin with the nascent industry's attempts to define itself centuries ago, followed by an analysis of early anti-tobacco arguments, many of which were characterized by a lack of a scientific basis. Trade cards appeared in the seventeenth century, featuring a range of images including American Indians and tobacco leaves (Tinkler, 2005, p. 11). These nascent promotion efforts accelerated in the 1850s as tobacco products were increasingly given brand names, and thus, "specific identities" (p. 11). At the outset, tobacco manufacturers attempted to associate popular symbols with their products – an example being the Bull Durham brand and the image of a bull (p. 11). Later in the nineteenth century, tobacco manufacturers began to circulate advertisements on billboards and posters, and even sponsored sports teams (p. 11). It was not long before the industry began its first efforts to link their products with sexuality, by putting "seductive images of beautiful, and often scantily clad, women" on cigarette packaging (p. 12). Cigarette packaging itself became a "particularly important aspect of advertising": cigarette cards were highly desired collector's items, and featured images of sports stars, and other famous national personalities (pp. 11-12).

The fast growth of the cigarette industry, and its associated advertising, took place alongside the early stirrings of organized opposition to smoking. Opposition to cigarettes created some strange alliances; by the late 1880s, "temperance workers, religious leaders, health

reformers, businesspeople, educators, eugenicists, and even a few manufacturers of pipe tobacco and cigars, who resented the competition,” all began to oppose the burgeoning industry (Tate, 2005, p. 45). In the coming years, opponents of cigarettes would enjoy “a surprising degree of legislative and judicial success,” resulting in prohibition on the sale, manufacture, possession or use of cigarettes in 15 states (p. 45).

With the scientific evidence establishing the public threat of cigarettes still in an embryonic stage, anti-cigarette forces made a variety of non-scientific arguments against cigarettes, often rooted in concerns about temperance, morality, and religion. “Middle-class reformers in the American heartland” opposed cigarettes “because of their cultural connections” (Tate, 2005, p. 46). These opponents associated cigarette smoking with the supposedly degenerate upper-class and immigrant groups, who came from Europe where smoking was common (p. 46). Editorials in the New York Times warned that cigarettes contributed to a decadent culture in Spain, and that if such behavior became widespread in America it would pose a threat to the Republic itself (p. 46). The opposition, fearful of the prospect that cigarettes would contribute to America’s moral decay, also advanced the familiar argument that cigarettes were a “gateway to alcohol and drug use and from there to gambling, prostitution, and crime” (p. 46). The gateway argument was succinctly outlined in industrialist Henry Ford’s treatise on cigarettes, *The Case Against the Little White Slaver*. According to Ford:

If you study the history of almost any criminal you will find that he is an inveterate cigarette smoker. Boys, through cigarettes, train with bad company. They go with other smokers to the pool rooms and saloons. The cigarette drags them down. (Ford, 1916, p. 5)

By this logic, once hooked on tobacco smokers would inevitably turn to alcohol “to blunt the irritation” caused by smoking; once a smoker becomes accustomed to drinking alcohol, “from

alcohol he goes to morphine for the same reason” (Ford, 1916, p. 17). At times, these fears of cultural decline had an explicitly racial element. Proponents of Social Darwinism and eugenics advanced the argument that cigarettes were a “race poison” that “caused infertility in adults and infirmity in any children born to tobacco-smoking parents” (Tate, 2005, p. 48).

Even at this early point in the rhetorical trajectory of anti-cigarette discourse, a common argument against cigarette products was the notion that they could kill their users. A 1909 anti-cigarette warning on a postcard, for example, featured a skull with a cigarette clenched between its skeletal jaw, bearing the caption: “Still Smoking” (Tate, 2005, p. 47). Ford also warned of the mortality risk stemming from cigarettes, claiming that “the Phipps Institute in Philadelphia found that mortality from pulmonary tuberculosis is greater among smokers than among non-smokers” (1916, p. 17). In the final pages of his book, Ford phrased his warning more bluntly: “kill the habit or it will kill you” (1916, p. 78). Smoking opponents advanced these mortality-based arguments around the turn of the century in spite of the fact that “organized medicine took little interest in the subject until the 1950s” (Tate, 2005, p. 46). Nonetheless, more informal and vernacular sources of medical expertise (such as John Harvey Kellogg, of breakfast cereal fame) “identified cigarettes as a cause of heart disease, emphysema, and most of the other health problems associated with smoking” in the early twentieth century (Tate, 2005, p. 46). Because of this diverse set of arguments, momentum seemed to be against the cigarette industry at the turn of the century.

### **The Patriotism Problem: World War I Hampers Anti-Cigarette Progress**

Any success of these anti-smoking persuasive strategies was ultimately temporary, as the rhetorical trajectory of cigarette discourse was forever altered by World War I. The U.S. entry into World War I would prove to be a turning point that unraveled anti-smoking efforts in

America (Tate, 2005, pp. 49-50). Spurred into action by a desire to help the war effort, “Congress ordered the War Department to include cigarettes in the rations issued to soldiers overseas and to make them available at low prices to soldiers at home and abroad” (p. 50). Groups that were previously hostile to cigarette products, such as the YMCA and Salvation Army, put their reservations aside in the interest of supporting the troops (p. 50). A key argument in favor of these efforts to provide cigarettes to soldiers was that cigarettes would keep the armed forces “chaste and sober,” providing an alternative to the temptations of foreign women and alcohol (p. 50). These programs succeeded in creating an association between cigarettes and patriotism, which “elevated the image of cigarettes, turning them into icons of manliness and virtue” (p. 50). The war’s contribution towards legitimating cigarette usage was truly monumental:

The “war to end all wars” turned smoking from a marginal indulgence of questionable morality to an unobjectionable mark of stalwart manhood. More dryly put: war legitimized cigarettes. The numbers say it all: per capita consumption of manufactured cigarettes in the United States nearly tripled from 1914 to 1919, from 155 per year to 505 per year. <sup>3</sup> This is one of the most rapid increases in smoking ever recorded. (Proctor, 2011, p. 45)

During this period, a potent association between smoking and national service began to develop. Beyond becoming associated with masculinity, cigarettes were also seen as a vital means to participate in the war effort writ large. Cigarettes “became associated with all of the positive aspects of war participation” and were seen as a small comfort to soldiers surrounded by “human carnage, filth, and disease” (Warsh, 2005, p. 329).

World War I gave cigarettes a new lease on life: “mass tobacco consumption in North America may well have languished for some time longer in the twentieth century had it not been for the continent’s involvement in the two world wars” (Warsh, 2005, p. 329). With cigarettes firmly associated with patriotism and national service, arguing that cigarettes should be banned made opponents look “spiteful” (Warsh, 2005, p. 329). With the momentum of anti-cigarette forces all but halted, the aforementioned state-level prohibitions on cigarettes would be ruled unconstitutional or repealed by the early 1920s (Tate, 2005, p. 45). By the middle of the 1920s “adults could legally buy and smoke cigarettes in every state but Kansas, which finally capitulated in 1927” (Tate, 2005, p. 50). The argument that “anticigarette laws were unpatriotic,” advanced by advocates of veterans, proved persuasive to legislators (Tate, 2005, p. 50).

### **Scientific Consensus Emerges**

With the initial (generally non-scientific) arguments against cigarettes seemingly defeated, anti-cigarette forces moved to construct a public health case against smoking, one with a firmer scientific basis than previous iterations. As early as 1928, medical journals began to devote more attention to the issue, ushering in “a new generation of studies showing a statistical link between smoking and disease” (Tate, 2005, p. 50). The evidence of smoking’s health dangers slowly accumulated during this period. In 1928, Lombard and Doering conducted a study involving 217 cancer patients and published their results in *the New England Journal of Medicine*. They described their research as “highly significant” because it suggested that “heavy smoking has some relation to cancer in general,” particularly with site-specific cancers such as “cancers of the lip, jaw, cheek and tongue” (Lombard & Doering, 1928, p. 486; 485). A year later in 1929, an article in *the Journal of the American Medical Association* documented the health risks and irritation caused by various tobacco brands, and postulated that “sidestream



smoke” (the smoke that is released from the lit end of a tobacco product, as opposed to inhaled or “mainstream” smoke) poses dangers to nonsmokers (Bogen, 1929, p. 1110). By the early 1950s the growing weight of scientific evidence made the link between smoking and health risks even more clear. A 1953 experiment involving the application of tobacco tar to laboratory mice demonstrated that tobacco was carcinogenic and linked to tumor formation (Wynder et al., 1953). By 1954, Doll and Hill’s epidemiological study established that smoking was linked to increased mortality risks via lung cancer, cautioning that the results of their research might even be an “understatement” of the dangers (p. 1455). The combination of these findings, which carried “the authority of modern science, provided the basis for an anticigarette campaign that began in the 1960s” (Tate, 2005, p. 51).

During this period, the scientific evidence establishing the dangers of smoking became progressively more ironclad. The end result was convincing scientific proof of the link between cigarettes and negative health problems: “by 1960, a range of epidemiological studies had all arrived at consistent findings: cigarette smoking significantly contributed to lung cancer and coronary artery disease” (Brandt, 1990, p. 162). In the face of this scientific consensus the tobacco industry actively moved to downplay the health risks of smoking in their marketing strategies.

### **Tobacco’s Counter-Arguments: American Archetypes**

By mid-century, the tobacco industry began to devote unprecedented sums of money towards marketing their products: “advertising became a major area of expenditure by tobacco manufacturers in the twentieth century, and the biggest area since 1945” (Tinkler, 2005, p. 12). The accumulation of scientific evidence demonstrating smoking’s dangers prompted the intensification of these advertising efforts. When scientific evidence establishing the hazards of

smoking began to act as a formidable rhetorical barrier to their marketing efforts, the tobacco industry made a concerted effort to shift its persuasive appeals. This culminated in a 1953 agreement by tobacco companies “to stop marketing their products based on health claims” (Swedrock et al., 1999, p. 111). Building on the cultural association between cigarette smoking and patriotic figures like soldiers, the industry mostly ceased defending their products from a health perspective and instead moved to reassure the public by affiliating cigarettes with archetypal figures that had symbolic resonance in American popular culture.

A prime example of this was the common practice of tobacco advertising featuring physicians and doctors: “the none-too-subtle message was that if the doctor, with all of his expertise, chose to smoke a particular brand, then it must be safe” (Stanford School of Medicine, 2015d, para. 1). It was commonplace to see cigarettes advertised with slogans like “more doctors smoke Camels than any other cigarette,” accompanied by an image of a happy-looking physician donning a white lab coat (Stanford School of Medicine, 2015d). In the face of rising concern about smoking’s health risks, the physician was an “evocative, reassuring figure,” which in turn was “a powerful reminder of the cultural authority physicians and medicine held in American society during the mid- 20th century” (Gardner & Brandt, 2006, p. 222). The advertising strategy of using doctors to pitch cigarettes, which was utilized by Camel, Lucky Strike, Philip Morris, and others, had several benefits for the industry: it helped to “reassure the public of the competitive health advantages of their brands,” “recruit physicians as crucial allies in the ongoing process of marketing tobacco” and “maintain the salience of individual clinical judgments about the health effects of smoking in the face of categorical scientific findings” (Gardner & Brandt, 2006, p. 223). By utilizing this strategy, the tobacco industry tapped into the immense symbolic capital of the medical profession to obfuscate and cast doubt upon the

growing medical consensus about the risks of smoking. Using doctors in advertisements was part of the tobacco industry's larger strategy of undermining the scientific case against cigarettes. A key component of this effort was the funding of "distraction science or red herring research" designed to "distract attention" from the deadliness of cigarettes (Proctor, 2011, p. 423). Funding these studies allowed the industry to appear concerned about the harms of tobacco, while building a case for "alternative causation" of diseases like cancer to protect the industry from litigation and allegations of recklessness (Proctor, 2011, pp. 423-424).

When the world once again found itself at war, the tobacco industry expanded upon previous attempts to link smoking to patriotism. During World War II, advertising efforts featured soldiers and other patriotic themes. Lucky Strike associated their brand with "patriotic fidelity" by removing the color green from their cigarette packs, claiming that the move would save precious copper supplies for the war effort. (Proctor, 2011, p. 45). In reality, these gestures towards patriotism were hollow. Lucky Strike removed the color green to "freshen" their packaging and rationalized the change as part of the war effort after the fact (Brandt, 2008, p. 89). Although these tactics were undertaken more out of financial expediency than authentic concern for the troops, they nonetheless succeeded in lionizing cigarettes. Even after the war's end, "smoking became synonymous with patriotism and courage in magazines, films, and television" (Warsh, 2005, p. 330). Although the health risks of cigarettes have become considerably clearer since then, "the association between smoking and military service persists" to this day (Smith & Malone, 2009, p. 1595).

By the middle of the 20<sup>th</sup> century, cigarettes had become rhetorically linked to the men fighting on behalf of America abroad. The tobacco industry built on this association by trying to affiliate their products with an idealized form of masculinity. Perhaps no advertising tactic

embodies this more perfectly than the Marlboro Man: “as individuals came to fear the loss of autonomy in an industrial world, cigarette smoking promised individual redemption. The Marlboro man was the first urban-industrial cowboy, a symbol of modernity, autonomy, power, and sexuality” (Brandt, 1990, p. 157). Because increasing awareness of smoking’s health risks constituted a rhetorical constraint to pro-cigarette advertising, figures like the Marlboro Man were an ideal way to adapt to and transcend this impediment: “such advertising pointed away from the product toward the moral and psychological value of the patron” while promising users “well-being and power” (Brandt, 1990, p. 157). Launched in 1955 as public health fears about cigarettes began to escalate, “the Marlboro Man celebrated virtues of individualism, autonomy, and self-sufficiency” which “functioned very effectively as a critique of the institutional authority of health and medicine and its calls for the regulation of tobacco consumption” (White et al., 2012, p. 528).

In an era rife with insecurities about the domesticating of the archetypal American man, this figure was particularly resonant. The Cold War era was characterized by “anxieties about the virility of American masculinity” because of “the rise of suburbia” and “and an associated emphasis on conformity” (White et al., 2012, p. 536). With Americans worrying that these changes had resulted in national emasculation, the Marlboro Man reassured American men that they could express their individualism and reassert their masculinity by smoking cigarettes. Thus, the Marlboro Man created an association between smoking and manhood by drawing upon “foundational narratives about American history and identity that were so widely held as to appear natural, inevitable, or universal” which in turn “reinforced a powerful sense of White American masculine hegemony” (White et al., 2013, p. 47).

Other tobacco companies also sought to link their products to masculine empowerment. Just as the image of physicians and soldiers were invoked for persuasive effect, the industry utilized famous athletes in their advertisements. This not only created a further association between masculinity and smoking, but also made the public more comfortable with the activity overall. When national idols like Babe Ruth, who embodied athleticism, strength and vigor, appeared in smoking advertisements, it “helped people feel more comfortable with smoking” and made the risk of smoking seem “greatly mitigated” (Stanford School of Medicine, 2015b, para. 3). This potent combination of symbols – soldiers, cowboys, athletes, and more – made cigarettes the product of choice for people trying to perform a masculine identity. This association remains strong to this day, as Nichter et al.’s (2006) research demonstrated that cigarettes are still seen by many men as a means “to reaffirm their identity as men,” with male smokers commonly described as: “‘looking masculine or manly,’ ‘looking like a tough guy,’ and ‘giving off a bad boy image’” (p. 235).

Tobacco companies did not only market their products to those striving for an idealized masculinity; they also associated cigarettes with femininity in a similarly powerful way. The tobacco industry attempted a multitude of strategies over the years to make cigarettes seem appealing to women. Starting in the 1920s and 30s, the tobacco industry began to craft advertisements targeted exclusively at women, which helped establish smoking as a “trademark of feminine modernity” (Tinkler & Warsh, 2008, p. 116). The industry initially pitched their products as the key to achieving feminine beauty. It was common for ads to link their products to “fashion and slimness,” pitching cigarettes as an alternative to indulgent sweets that would allow women to maintain a petite physique (World Health Organization, 2010, p. 105). The persuasive

potency of this tactic was amplified by advertisements that featured Hollywood actresses, opera stars, and slender young fashion models (Stanford School of Medicine, 2015i).

Though the tobacco industry pitched cigarettes as a means to enhance femininity, anti-cigarette forces often drew upon the rigid gender expectations of the early 20<sup>th</sup> century to articulate their counter-arguments. It was common for those opposed to cigarettes to argue that smoking had “particular degenerative effects” on women, and that the habit represented an abdication of maternal duties (Brandt, 2008, p. 112). Opponents viewed smoking as irresponsible, unwomanly, and alleged it would lead women to mother mentally and physically defective children (Brandt, 2008, p. 112). In the 1950s, the tobacco industry sought to alleviate these concerns by portraying cigarettes as family friendly and safe. A 1957 Zippo Slim-Lighter advertisement, for instance, described the product as “the newest gift for modern mothers” and suggested it would be an ideal Mother’s Day gift (Wade, 2008). Other advertisements from this era featured images of babies imploring their mommies to smoke Marlboros, claiming “you need never feel over-smoked....that’s the Miracle of Marlboro!” (Wade, 2008). These advertisements reflect an attempt by Marlboro to present their brand as a product that can be consumed around children guilt-free, to diminish concerns that smoking will harm one’s children or otherwise make the consumer a bad parent. By marketing their products with innocent and pure looking babies, the industry visually advanced the argument that smoking is compatible with being a loving and caring mother. Although these images of babies peddling cigarettes are shocking by today’s standards, the logic behind the tobacco industry adopting this tactic at a time where a very traditional concept of motherhood was valorized is obvious.

As time passed and societal norms changed, cigarettes were not just associated with motherhood and feminine beauty, but with feminism and independence. Cigarettes were

considered “symbols of freedom,” culminating in the iconic Virginia Slims “You’ve come a long way, baby” advertising campaign of the 60s and 70s, which associated cigarettes with “glamour, thinness, and independence” (World Health Organization, 2010, p. 105-106). Through these advertisements, tobacco companies created the perception that their products were a “vital feminine accessory” (Gilbert, 2007, p. 132). The cumulative effect of these images has been to “feminise cigarette smoking, by normalising smoking as part of the feminine ideal” (Gilbert, 2007, p. 131). This popular association persists to this day, as “young women smokers are still encouraged to conform to dominant norms of femininity through the media’s indirect promotion of smoking” (Gilbert, 2007, p. 133).

### **Legislative Action and Circumvention**

The terrain of the smoking debate was decisively altered in 1964, which featured the release of the landmark *Smoking and Health—Report of the Advisory Committee of the Surgeon General of the Public Health Service* (Blum, 2014, p. 418). With this document, the scientific debate was settled and “the government put an end to all doubt about the cause of the rising epidemic of lung cancer” (Blum, 2014, p. 418). The increased media attention on the health consequences of smoking led to several major legislative victories for anti-smoking forces, including the 1965 Cigarette Labeling and Advertising Act, which mandated that warning labels appear on cigarette packages, and a 1969 act which banned cigarette advertising on television and the radio (Blum & Solberg, 2005, p. 53; Blum, 2014, p. 420). Taking cigarette advertisements off the airwaves was no small accomplishment: “by the 1960s 45 percent of all television shows in the United States were being brought to you by cigarette manufacturers” and cigarettes “remained the most widely advertised product on television” until this law came into force (Proctor, 2011, p. 62).

Yet, the passage of these laws was only a partial victory, and more stringent regulation of tobacco was not immediately forthcoming. The anti-cigarette cause was unable to capitalize on this momentum: “despite considerable gains in stigmatizing the cigarette, the anti-smoking forces had, by the late 1970s, foundered on a traditional American libertarian ethic: ‘It’s my body and I’ll do with it as I please’” (Brandt, 1990, p. 167). Moreover, the climate of “anxiety regarding government intervention” created by individualist advertising figures like the Marlboro Man was “deeply complicit in the failure of [the Federal Trade Commission] to regulate cigarette advertising in the wake of the 1964 report on smoking and health” (White et al., 2012, p. 542). The aforementioned pieces of legislation did not end cigarette advertising, but only encouraged the industry to circumvent these regulations by shifting mediums. Following the 1969 ban on television and radio advertising the tobacco industry “shifted its overt cigarette advertising dollars into the print medium” (Blum, 2014, p. 420). Cigarette advertisements became widespread in “magazines such as TIME, Newsweek, Sports Illustrated, Playboy, and Rolling Stone” while “editorial content on the adverse effects of smoking virtually disappeared from their pages” (Blum, 2014, p. 420). Moreover, because the radio advertising ban meant that anti-smoking spots would also come off the air, the legislation created a perverse effect. Cigarette consumption “began to inch back upward” and “industry simply shifted its dollars to the print media; total spending on magazine advertising doubled and newspaper advertising quadrupled” (Colgrove, 2005, p. 20).

Magazines were not the only media that saw a surge in cigarette advertising following the television and radio ban: “sponsorship of athletic events, the arts, and eventually fashion shows and spring break bashes became an astonishingly successful way of selling cigarettes” (Proctor, 2011, p. 90). Indirect advertising offered another avenue for circumvention. The 1969



advertising ban did not even succeed in removing cigarette advertising from television. R.J. Reynolds and Phillip Morris ensured their products would receive “significant ad time on television” by strategically buying ad space in baseball ballparks (Stanford School of Medicine, 2015b, para. 4). Because of this shrewd tactic, it was typical for baseball fans viewing their team from home to see “a giant Marlboro or Winston sign, conveniently placed above the scoreboard or exits” (Stanford School of Medicine, 2015b, para. 4). The industry also continued its attempt to associate their products with athleticism in spite of these regulations. Although the tobacco industry agreed not to use athletes in their advertising, “the stars’ equipment, cars, and clothing (as well as scoreboards, fences, and grandstands) were plastered with the names and logos of the tobacco brands” allowing these companies to reach “millions of viewers of all ages” (Warsh, 2005, p. 333).

Product placement, which was not subject to these regulations, offered yet another means to keep cigarettes omnipresent in American popular culture. Phillip Morris “admitted to paying Sylvester Stallone to smoke Kool cigarettes in the action movies *Rhinestone* (1984) and *Rambo: First Blood, Part 2* (1985)” while Marlboro vans “appeared in the background of *Superman II* (1980)” (Tinkler, 2005, p. 13, italics in original). Beyond these particular examples, “an increased occurrence of smoking and of major cigarette brand names has been noted in films released between 1990 and 1996” (p. 13). The industry was creative in their attempts to circumvent advertising regulations, and very often exploited the symbolic resonance of the pro-cigarette iconography they had spent decades building. Following the implementation of further restrictions that disallowed the usage of the Marlboro Man, Marlboro released ads featuring wild horses, which they knew would evoke the same set of associations (p. 16). A diversity of shrewd

tactics and the industry's marketing prowess ultimately allowed tobacco corporations to comply with the letter of the law while subverting its intent.

### **Post-1964 Anti-Tobacco Campaigns**

Although the 1964 report to the Surgeon General should have “marked the beginning of the end of the Marlboro Man” the tobacco industry succeeded in “maintaining the nicotine addiction of nearly 50 million Americans” (Blum, 2014, p. 418). Attempts to discourage smoking via public service announcements and media campaigns have always achieved mixed success. These campaigns began in the late 1960s, when “lots of health-care-oriented anti-smoking commercials were launched on television by health organizations” (Liu & Tan, 2009, p. 31). However, these campaigns were “sporadic and relied on free advertising (public service announcements) or short-term funding for specific campaigns” (Siegel, 1998, p. 128). Moreover, these campaigns were not of sufficient size and scope until decades after the release of the 1964 Surgeon General's report, as “there were no large-scale anti-smoking campaigns until the 1990s to counter cigarette advertising” (Farrelly & Davis, 2008, p. 142).

This began to change in 1988 when California approved a ballot initiative establishing a statewide tobacco education program, including “a state-of-the-art anti-tobacco media campaign” (Siegel, 1998, p. 129). These efforts accelerated as other states followed California's lead throughout the late 1980s and 1990s by implementing “statewide anti-smoking advertising campaigns to reduce tobacco use” in the 1990s (Liu and Tan, 2009, p. 31). These were notable steps, but insufficient to remedy the full scope of the tobacco problem in the United States. In 1997, Schwartz lamented in a Washington Post article that although state and local campaigns against smoking “tried many approaches to stop children from smoking, including price increases, crackdowns on sales to minors, and restrictions on advertising and promotional

activities that appeal to young people,” the effectiveness of these measures was “decidedly mixed” (para. 5). A broader problem with state-based campaigns is that they have proven vulnerable to spending cuts during times of budget crises (Farrelly et al., 2003, p. i46).

Post-1964 anti-smoking campaigns used a variety of appeals, many of which were ultimately unsuccessful. The first educational campaigns created in the wake of the Surgeon General’s report emphasized the very basic theme that “smoking is hazardous to your health,” although retrospectively “these programs seem to have had little effect on smoking behavior” (Thompson, 1978, p. 252). This initial decision to emphasize the long-term consequences of smoking was nonetheless wise insofar as “very few of Americans recognized the long-term health consequences of smoking” (Farrelly & Davis, 2008, pp. 130).

In response to these failures, smoking prevention campaigns diversified their messaging during the 1980s and 1990s by “attempting to recast the social imagery of smoking” (Farrelly & Davis, 2008, pp. 130). No longer solely reliant on health-based arguments, anti-smoking campaigns began to deploy “psychosocial approaches” that highlighted short-term consequences of smoking like bad breath and encouraged youths to resist peer pressure (Farrelly et al., 2003, p. i36). Not all of these efforts were effective. Arizona’s campaign, which was launched in 1994 and centered on the message that “kids shouldn’t smoke,” inadvertently reinforced the tobacco industry’s narrative that cigarettes are a way for youths to initiate themselves into the adult world (Siegel, 1998, pp. 129-130).

As anti-tobacco messages diversified and evolved, they attempted direct, dialogical refutation of the visual imagery of iconic pro-smoking marketing efforts. Once again, California was at the cutting edge of anti-smoking strategies when in April of 1990 the state “took a bold new approach” by “attacking the tobacco industry head on” (Farrelly & Davis, 2008, p. 130).

Whereas previous approaches centered on the negative health effects of smoking, California sought to deglamorize tobacco and deconstruct cigarette brands (Farrelly & Davis, 2008, p. 130). Notably, California targeted a significant amount of messaging firepower at one of the most enduring cigarette marketing figures: The Marlboro Man. One California Tobacco Control Program's billboard advertisement featured two Marlboro Man-like cowboys and the phrase "I miss my lung, Bob" (Farrelly & Davis, 2008, p. 131). Similar to California's efforts, another anti-smoking commercial from the "truth" campaign pictured "body bags on horseback in a setting often seen in Marlboro Country ads" and asked: "What if cigarette ads told the truth" (Farrelly et al., 2003, p. i43). Following California's lead, Massachusetts launched its own media campaign that highlighted the short term effects of smoking such as wrinkles, attempting to deglamorize the habit in the practice (Farrelly & Davis, 2008, p. 132).

The *Tips from Former Smokers* and *The Real Cost* campaigns represent the next evolution along the rhetorical trajectory of anti-cigarette discourse. Unlike previous efforts, these two campaigns are funded by federal agencies, ensuring that these anti-smoking messages have been seen by viewers in all fifty states. Building upon California and Massachusetts' efforts, both campaigns seek to deglamorize smoking and deconstruct the archetypes circulated by the tobacco industry. The *Tips from Former Smokers* campaign, in particular, was born out of acknowledgement that providing perspective on real individuals suffering from disfigurement and disease might be more persuasive than the usual mortality-based arguments that are "talked about in terms of deaths of thousands or more" (Robert Wood Johnson Foundation, 2012, para. 2). The federal agencies behind these messages appear to have concluded that emphasizing short-term, higher-probability adverse effects of smoking offers a more effective route to dispelling the

linkage between attractiveness and smoking than the traditional strategy of emphasizing high magnitude mortality risks.

### **Conclusion**

Even as advertising restrictions have continued to tighten in recent years, cigarettes contribute to an enormous death toll in the United States, while the industry remains profitable and free to spend billions each year on advertising (Brandt, 1990, p. 169). Moreover, the industry's years of advertising succeeded in weaving cigarettes into the fabric of everyday American life. Through the "saturation of film and virtually every other medium" with smoking, the industry normalized and glamorized their products (Proctor, 2011, p. 134). The industry proved highly adaptable and capable of adjusting to the rhetorical situation around them:

Tobacco makers have always been careful to match up slogans with popular sentiments: patriotism in times of war, feminism in times of emancipation, savings in times of hardship, medical reassurance in eras of "health scares," and so forth. Cigarettes are equated with "risk" when they want to capture the imagination of masculine youth, with slimness or "diets" or glamour to capture the female cigarette "vote." Whatever will sell— and by whatever means. (Proctor, 2011, p. 59)

After conducting this analysis, the rhetorical trajectory of cigarette discourse is clear. Early anti-cigarette arguments were usually grounded in concerns related to temperance, morality, and religion, in part because it was simply not possible to make arguments with robust scientific support initially. When scientific consensus did begin to emerge, a key component of the industry's initial reaction was an attempt to obfuscate anti-tobacco science, in part by utilizing the ethos of the institution of medicine in its advertising. When the tide of science turned decisively against the industry, allowing anti-smoking forces to more effectively criticize

cigarettes on medical grounds, the industry pivoted to new strategies in response. In their advertising, these companies emphasized the capacity of cigarettes to enhance the self-image of their users. In particular, figures like the Marlboro Man not only served to associate cigarettes with masculinity and sex appeal, but were used to champion an individualist, anti-authority sentiment that was at odds with the findings of the scientific community. “Decades of ubiquitous and powerful tobacco advertising and attractive portrayals of smoking in the movies” inculcated a positive perception of smoking in America and associated the activity with “a message of rebellion” (Farrelly & Davis, 2008, p. 133). The industry succeeded in creating several powerful archetypes that remain resonant in American culture today: the glamorous feminine smoker, the individualist masculine smoker, and the patriotic smoking soldier. These associations persist despite the widespread dissemination of incontrovertible science about smoking’s deadly effects. AMC’s “wildly successful” television series *Mad Men*, for instance, features constant tobacco consumption, serving as “a steady stream of cigarette ads” and perpetuating the linkage between smoking, success, and sexual allure (Farley, 2015, p. 244).

A key aspect of more recent anti-tobacco media campaigns, including *Tips from Former Smokers* and *The Real Cost*, is their attempt to deconstruct these archetypes via visual arguments. Even though many of the advertisements described above are decades old (and thus unlikely to have been viewed by modern audiences, particularly young ones), the cultural climate created by these advertisements still persists and exerts influence on would-be smokers. In what follows, I will proceed to explain the persuasive techniques utilized by these campaigns in their attempts to refute the associations created by pro-cigarette advertising.

### **Chapter Three: *Tips from Former Smokers* Case Study**

The CDC's *Tips from Former Smokers* campaign is a product of what is perhaps the most aggressive anti-tobacco administration ever. Although President Obama has undergone his own personal struggle with cigarettes, a series of reforms implemented during his presidency has led many to describe him as "a champion on the issue" (Devaney, 2015, para. 2). As president, Obama has pursued a variety of strategies for combatting the harmful effects of tobacco, and is responsible for "shepherding anti-smoking legislation through Congress early in his presidency" and "running advocacy campaigns aimed at helping smokers quit and raising tobacco taxes" (Devaney, 2015, para. 4). Two efforts spearheaded by President Obama are particularly noteworthy. In 2009, he oversaw an increase in the federal tobacco tax and also signed into law the Family Smoking Prevention and Tobacco Control Act which "provided the Food and Drug Administration (FDA) with long-sought authority over the manufacturing, marketing and sale of tobacco products" (Chaloupka, 2015, para. 5). These achievements have led anti-tobacco advocates to proclaim Obama a "bold and visionary leader in protecting America from the harmful effects of tobacco" (Devaney, 2015, para. 35). In 2012, the Obama administration's aggressive anti-tobacco efforts produced the *Tips from Former Smokers* campaign, a product of the CDC and its director Dr. Thomas R. Frieden, former New York City Health Commissioner, who was appointed by President Obama in 2009.

#### **From NYC to D.C.: Frieden's Anti-Smoking Mission**

In many respects, the story of *Tips from Former Smokers* begins in New York City circa 2002, during Frieden's term as New York City Health Commissioner. Of President Obama's anti-smoking credentials, the appointment of Frieden may be the most significant. When President Obama appointed Frieden to serve as the director of the CDC, a White House press

release cited his leadership in combatting smoking (The White House Office of Press Secretary, 2009, para. 6). Frieden's track record on smoking while serving in New York City made him an enemy of both proponents of limited government and the tobacco industry. During Frieden's term, he and Mayor Michael Bloomberg made a concerted effort to reduce smoking within their jurisdiction. With New York City experiencing its own dire struggle with smoking-related mortality, Frieden and Bloomberg's anti-tobacco efforts were bold and uncompromising. At a time when the city of New York was overwhelmingly preoccupied with the risk of terrorism, Frieden made comments that flouted the conventional political wisdom such as: "terrorists will never kill as many New Yorkers as smoking" (Newsweek, 2009, para. 7). After a senior vice president at Philip Morris criticized comments he made comparing "tobacco executives unfavorably to tuberculosis bacilli," Frieden acknowledged his comments were inappropriate and resolved to use more "unemotional language" to describe the industry: "mass murderers" (Smith, 2004, paras. 1-4). As commissioner, Frieden "suffered from a burden of urgency" and refused to tolerate New Yorkers dying from preventable causes; he "took every death personally" (Farley, 2015, p. 10).

Frieden's anti-tobacco strategies were nearly as aggressive as his rhetoric. In tandem with Bloomberg, he persuaded "the city council to boost taxes on cigarettes, pushing prices to \$7 a pack, then the highest in the country" (Newsweek, 2009, para. 8). Amidst vocal and furious opposition from local businesses and the restaurant industry, they "vastly expanded an existing smoking ban to apply to workplaces, including all restaurants and bars" (Newsweek, 2009, para. 8). Most relevant for the study at hand was the counter-advertising campaign spearheaded by Frieden and Bloomberg during this period. Following in the footsteps of a counter-advertising campaign launched by the Massachusetts health department, Frieden directed his agency to



purchase advertising time on television for anti-smoking messages (Farley, 2015, pp. 54-56). The New York City Department of Health released a campaign entitled *Nothing Will Ever Be the Same*, which featured testimony from “Ronaldo Martinez, a smoker who had his larynx removed and speaks through an artificial voice box” (Atkinson, 2007, para. 1). The message, which featured Martinez speaking with “his synthesized voice” about “how he can no longer swim because he would drown if water got into his throat hole” was instrumental in producing a “threefold increase in calls to the New York City Department of Health and Mental Hygiene from people interested in smoking cessation” (Atkinson, 2007, para. 2). This basic message design – a disabled former smoker exhorting the audience to not smoke, describing the disruption of their everyday routine rather than appealing to fear of death – would later serve as a blueprint for the CDC’s national-level *Tips from Former Smokers* campaign (Lazar, 2012, paras. 11-16). A survey conducted by Frieden’s staff revealed that this counter-advertising campaign was a success, and that “Ronaldo spurred people to quit the most” (Farley, 2015, p. 59). The lesson learned by Frieden and his media team was that “tough antismoking ads on TV work” (Farley, 2015, p. 65).

The combination of these policy reforms and counter-advertising efforts like *Nothing Will Ever Be The Same* helped lower smoking rates “among New Yorkers by 19 percent from 2002 to 2006,” a larger annual decline than was experienced across the broader United States (Atkinson, 2007, para. 6). These initiatives resulted in New York experiencing “350,000 fewer smokers than in 2002,” an eleven percent decrease in the smoking death rate, and teen smoking “at half the national rate” (Newsweek, 2009, para. 9).

Upon assuming the reigns of the CDC, Frieden scaled up many of New York City’s anti-tobacco strategies to the national level. Under Frieden, the CDC launched *Tips from Former*

*Smokers*, “the first federally-funded national mass media campaign to reduce smoking,” that utilizes testimony, images, and videos of former-smokers to increase awareness of the health risks of smoking and tobacco usage (Chaloupka, 2015, para. 5). The subjects in these videos are actual former smokers, not actors. The videos are notable for their direct, graphic depictions of these former smokers in an interview setting, and range from 30 seconds and three minutes in length. Within these videos, the subject typically narrates their experience with smoking and subsequent health problems. Although many of the advertisements offer practical advice about how to adjust to a non-smoking life-style, the implicit argument being advanced is that people should avoid smoking altogether.

The persuasive power of these texts does not lie exclusively in their verbal content, but also in the way they utilize visual elements, often imagery of disabled bodies, to advance their arguments. The imagery of disabled bodies is so powerful that it provides the warrant and data for the anti-smoking argument advanced in the videos, without requiring verbal arguments. In our present society, an able-body is elevated as a norm, while disability is associated with deficit or deviance (Dolmage, 2013, p. 20). *Tips from Former Smokers*, through its use of disabled bodies as cautionary tales, appeals to and sustains this norm to garner persuasive appeal. The CDC takes as enthymematic their audience’s desire to avoid disability, which allows emotional appeals centered on imagery of disabled bodies to serve as a visual argument without necessarily requiring verbal arguments. The persuasive effect of these advertisements is enhanced by what Finnegan calls the *naturalistic enthymeme*, wherein audiences assume images “to be “true” or “real” until we are given reason to doubt them” (2001, p. 135). Frieden asserted that the persuasive appeal of these advertisements stems from their uncensored look at disabilities:

These new ads are powerful. They highlight illnesses and suffering caused by smoking that people don't commonly associate with cigarette use. . . . Smokers have told us these ads help them quit by showing what it's like to live every day with disability and disfigurement from smoking. (as quoted in CDC, 2014g, para. 3)

Frieden's statement is corroborated by the host of studies cited in chapter one indicating that the *Tips from Former Smokers* campaign, which relies heavily on imagery of disabled bodies, has been effective at raising awareness of smoking's health risks, generating interest in cessation services, and discouraging smoking overall. In addition, Jónsdóttir et al.'s (2014) study found that anti-smoking advertisements containing "unambiguous, graphic images depicting smoking-related health harms that elicit fear and disgust" are likely to be "most effective," when compared to anti-smoking advertisements with less graphic imagery (p. 5). Furthermore, Jónsdóttir et al. (2014) cited *Terrie's Tip*, a *Tips from Former Smokers* message, as an example of a particularly effective anti-smoking advertisement that "showed a positive relationship between the fear-disgust interaction and perceived effectiveness" (p. 5).

However, one can acknowledge the validity of health arguments against smoking while still questioning this campaign's stigmatization of the disabled and consequent re-inscription of the able body as norm. In this chapter, I analyze the visual arguments present in several *Tips from Former Smokers* video messages. I demonstrate how, in the name of public health, these arguments urging recovery from smoking reduce disabled bodies to persuasive tactics in visual culture. I do so by explaining how these tactics contribute to the persuasive appeal of these messages.

## **Analysis of Select *Tips from Former Smokers* Video Messages**

### **Terrie**

*Terrie's Voice Tip Ad* (CDC, 2013c) offers advice on how to cope with the aftermath of cancer. The video depicts Terrie in an uncompromising manner, with her voice box and facial disfigurements plainly visible for the audience. Terrie, who suffered from throat and oral cancer resulting in the removal of her larynx and the insertion of an artificial voice box, exhorts smokers to sing lullabies and tell stories to their children while they have a chance:

If you're a smoker, I have a tip for you. Make a video of yourself. Before all this happens. Read a children's storybook or sing a lullaby. I wish I had. The only voice my grandsons ever heard is this one. (CDC, 2013c).

Terrie's advertisement constructs her disability as an impediment to her ability to perform her familial/maternal duties and warns the audience that her fate could become theirs. This style of guilt-based appeal, which argues that the harms of smoking transcend the individual smoker to negatively affect their loved ones, is common throughout the campaign.

This video can be read as a dialogical response to previous pro-cigarette advertising that sought to link smoking with the archetype of the ideal mother. In the early to mid-20<sup>th</sup> century, children were commonly depicted with their mothers and fathers in cigarette advertisements, which served to reinforce "the respectability of smoking as a part of normal family life" (Stanford School of Medicine, 2015c, para. 1). Independent of the verbal content of her message, Terrie's body serves as a visual argument that contradicts tobacco industry advertising in at least two ways. First, she is a "visual demonstration" of the deleterious effect smoking can have upon one's family life (Birdsell & Groarke, 2007, p. 105). Second, the disfigured and disabled state of her body is a compelling contrast with the happy and healthy archetypal American mother seen

commonly in pro-cigarette advertising during the 20<sup>th</sup> century. Family-oriented advertisements from this era featured attractive young mothers, with glowing skin, shining hair, and smooth features. The image of Terrie punctures the mythical linkage between cigarette consumption and the idealized, idyllic family life that was presented by the tobacco industry.

By documenting her shortcomings as a grandparent, Terrie's video exhibits a rhetoric of containment, wherein the disabled are cast as ““failed humans,” imprisoned by their inability to be “cured” by medicine and restored to “normalcy”” (Quackenbush, 2008, p. 114). This containment rhetoric serves “to create distance between the abnormal/disabled body and normal/nondisabled body” (Quackenbush, 2008, p. 114-115). Terrie's voice is also a matter of rhetorical significance; years of damage to her throat via smoking and her voice box give birth to a coarse, gravelly voice that reinforces the video's attempt to manipulate the corporeal anxiety of abled-bodied viewers for persuasive effect. These visual, verbal, and aural elements all combine to form a unique anti-smoking message unlike anything most viewers have seen.

### **Amanda**

*Amanda's Ad* (CDC, 2014c) also visually refutes industry efforts to reassure mothers that tobacco products are safe and family friendly. The message begins with Amanda, a young mother, telling the viewer that she smoked when she was pregnant (CDC, 2014c). Amanda is seen in a hospital room surrounded by medical technology. The camera angle of this shot is noteworthy: the viewer is given the perspective a newborn infant might have as they look at their mother from behind the transparent wall of a glass incubator. The viewer is then shown an image of Amanda's baby, looking distressed and with a medical tube inserted into their nostril. As the viewer is shown this image, Amanda recounts that “my baby was born two months early and weighed only three pounds” (CDC, 2014c). Another photograph of Amanda's baby in the

hospital is shown, this time with a fuller view of the baby's incubator and with some additional medical devices. As her voice trembles, Amanda says: "this is the view I had of her" (CDC, 2014c). The video concludes as Amanda offers the viewer advice: "my tip to you is: speak into the opening so your baby can hear you better" (CDC, 2014c). The camera angle here is once again impactful: Amanda speaks to the viewer through a little window in the incubator, as though the viewer is positioned in the incubator like an infant might be. The viewer gets an intimate, close-up view of Amanda, who appears to be on the verge of tears. This poignant image – a heartbroken mother addressing her child through a small window in a glass incubator – is an inversion of the familiar scene of a mother comforting her child as it lies in a cradle.

This message constitutes a powerful visual counter-argument to the tobacco industry's attempts to shield themselves from charges that cigarettes are incompatible with responsible parenting. As described in chapter two, cigarette advertisements of the 1950s often featured attractive mothers or healthy, happy looking babies, in an effort to appeal to women. The prematurely born infant shown here is confined to an incubator and dependent on several medical apparatuses to survive. Amanda is only able to look helplessly upon her child, left in a position where she is unable to perform basic maternal behaviors, such as holding her baby with her own arms. The combination of these images illustrates the argument that smoking is an abdication of parental responsibility quite forcefully, even though Amanda does not verbally admit to being an irresponsible parent.

Several camera angles in this video, namely the shots that put the viewer in the position of Amanda's child inside an incubator, are also significant. These images invite the viewer to observe the consequences of smoking from the perspective of children who bear the brunt of smoking's negative health consequences while having no responsibility for the decision to smoke

themselves, producing empathy. Empathy is crucial to the effectiveness of a guilt appeal such as this. According to Boudewyns et al.: “motivating the message recipient to empathize not only creates a sense of a ‘need to act’ but it may also serve as an effective tool for creating guilt without engendering reactance” (2013, p. 814). By focusing on the consequences that smoking has on persons besides the smoker, *Amanda’s Ad* helps foster a sense of responsibility that in turn mobilizes “individuals to take action aimed at repairing the perceived transgression in order to reduce feelings of guilt” (Boudewyns et al., 2013, p. 812). The visual elements of this video are crucial to its broader anti-smoking argument. By allowing the viewer to assume the position of a hospitalized, prematurely born infant relegated to a glass incubator while simultaneously being addressed by an emotional, guilty looking mother, this message forces parents (or prospective parents) that smoke to confront the painful externalities of their habit.

### **Shawn**

*Shawn’s Struggle to Quit Smoking* (CDC, 2012e) features a subject who like Terrie, speaks in a raspy, metallic tone through an artificial voice box due to damage sustained from smoking. Shawn tells the audience that he did not think it was possible that something like this could happen to him. His message for the audience is “everybody pretty well thinks they’re superhuman or it’s not gonna happen to them...I’m here to tell you that it can happen to you” (CDC, 2012e). The video exhibits elements of a disgust appeal when Shawn testifies that:

I was so addicted to cigarettes that I just could not quit. Even when I was diagnosed with cancer I still proceeded to smoke. During radiation treatments I’m still smoking because I’m that addicted. It wasn’t until they took out my voicebox and I bleed [sic] through a hole in my neck that I finally quit. (CDC, 2012e).

This message is particularly powerful because of the way it blends a fear appeal about debilitating addiction and cancer with graphic, disgusting imagery. Disgust-based appeals have been said to be more effective than fear-based appeals alone because “recent models of fear suggest that fear avoidance behavior is a multistep process, in contrast to disgust, for which the impulse to distance oneself is immediate” (Morales et al., 2012, p. 385). Shawn’s voice, which is raspy and gravelly like Terrie’s, also contributes to the video’s warning about smoking’s detrimental effects. Shawn’s body itself contributes to the salience of this appeal. Throughout the video he is seen clutching the voicebox in his neck with his fingers. This is a “visual flag,” calling attention to and reminding the audience of the lasting damage done to his body by his smoking addiction (Birdsell & Groarke, 2007, p. 104).

## **Brett**

*Tooth loss isn’t pretty* (CDC, 2014d), featuring Brett, has a less overtly fearful tone than previously analyzed videos but is no less reliant on appeals to corporeal anxiety. Brett is considerably less physically marked by his condition than other *Tips from Former Smokers* subjects such as Terrie, but his lips are visibly disfigured. Brett’s advertisement reads more as a confession of his humiliation than an explicit warning to the audience, though this testimony about his embarrassment serves the same function as a traditional cautionary tale and seeks to produce the same outcome. The video begins with a black screen bearing the caption: “BRETT’S STORY: Brett is embarrassed about his tooth loss,” clueing the audience in to a central theme of the message and creating what Birdsell and Groarke would call an immediate verbal context that the audience should understand Brett’s message from within (CDC, 2014d; 1996, p. 6). Brett, who lost his teeth due to gum disease, describes the intense feelings of mortification and shame he feels because of his condition, and the fear he has of letting his wife and family see him



without his new removable teeth. He also outlines the lengths he has gone to conceal his condition, including changes to the way he smiles and speaks, because he doesn't "want [his wife] to think less of [him]...because it's not necessarily pretty" (CDC, 2014d). Even though Brett's advertisement features a less visible disability and medical device (false teeth as opposed to a prosthetic limb or an artificial voice box), it is no less fraught with fear appeals meant to play on the audience's aversion to loss of their body's normality.

The video's power comes from the rhetorical linkage that Brett creates between medical technology and humiliation or mortification. This video can be read as a dialogical response to the tobacco industry's historical advertising strategy of linking cigarettes with masculinity and sexuality, as Brett is portrayed as thoroughly insecure about his appearance as a result of smoking. Historically, iconic images such as the Marlboro Man resonated with audiences because they symbolized individualism, autonomy, independence, and virility while offering "American men an avenue for articulating an empowered masculine identity" (White et al., 2012, p. 536). Through these advertisements, cigarettes became associated with archetypes such as the rugged cowboy and an idealized American masculinity.

The combination of Brett's verbal message and bodily rhetoric allows him to serve as a visual argument that contradicts the Marlboro Man mythos. The Marlboro Man projects self-assured confidence and power; Brett is "embarrassed," insecure, and avoids "showing [his] mouth without teeth to the people in [his] life" (CDC, 2014d). The Marlboro Man was utilized to link cigarettes to sexual virulence; Brett recounts how the last thing that he does before getting in bed is removing his false teeth (CDC, 2014d). As a visual argument, Brett upends the tobacco industry's claim that smoking enhances one's masculine appeal. Brett's video downplays the

increased mortality risk that comes with smoking in favor of fore-fronting the risk of psychological humiliation that often stems from smoking-related diseases.

## **James**

*James' Story* (CDC, 2012b) is similarly designed to disrupt the association between smoking and Marlboro Man-style masculinity. James is a former smoker, but does not appear to be disabled himself, and is not described as such during this video. Unlike other messages in this campaign the video's subject is not utilized as a cautionary tale, but is rather used a conduit for providing a narrative about another smoker. This video is also unique in that it takes place in front of a black backdrop, with no other scenery, unlike other *Tips from Former Smokers* videos that feature household or hospital settings. This has the rhetorical effect of centering James and his memories of his father as the video's sole focus.

James, 48 years old at the time of filming this message, recounts how he was introduced to smoking through his father, who smoked a brand of cigarettes that was “popular with all the kids at the time” (CDC, 2012b). He mentions stealing cigarettes from his father and acknowledges “it was absolutely horrible, but it was cool” (CDC, 2012b). The viewer is then shown a tattered black and white photograph of a younger James and a woman as James begins to recount moving into an apartment that he was very proud of because “it was nice for what I could get” (CDC, 2012b). James' description of his feelings of pride – associated with the newfound independence derived from acquiring an apartment or home – seems designed to invite identification from an American public that cherishes property ownership and views it as a benchmark of social status (Diamond, 2009, pp. 103-104).

The video continues as James recounts a story that will sound familiar to most Americans: an account of his father helping him move furniture into his new apartment. It is at

this point in the message that James' initial feelings of pride over his apartment give way to feelings of shame and embarrassment for his father:

My father was helping me move some stuff over, and he was having trouble carrying – it bothers me to say this – but he was having trouble carrying this wicker chair upstairs. In a very short period after that he was gone. And it was sort of devastating to me, him dying, because I had been taught that he was this man of men, no man is as great as your dad, and to see him just reduced like that, it was always like we gotta find out what did this. And it wasn't something you discussed, it was just something like: why? What could do this to that kind of man? And I've always thought that it had to be the smoking. You didn't have anything else with him. But toward the end, the doctors had told him that he couldn't smoke anymore. He was having a lot of trouble breathing, and he just lost all of his energy. (CDC, 2012b)

The message concludes with several more comments from James about his father's physical decline. James' narrative juxtaposes a quintessentially American coming-of-age story about a new apartment serving as an object of pride and independence with the embarrassment that accompanies watching a paternal figure lose his independence due to smoking. In *James' Story* the viewer becomes privy to a tragic story of masculinity and dignity lost. Smoking, rather than being a symbol of virulence and manhood, deprives a previously vigorous man of his energy and strength; an inversion of the Marlboro Man mythos.

## **Bill**

*Smoking and Diabetes Don't Mix* (CDC, 2013a), featuring Bill, combines a guilt appeal with imagery of disabilities previously un-encountered in any advertisement analyzed thus far. Bill's smoking exacerbated health problems he was already suffering as a result of diabetes,

leading him to lose sight in his left eye, suffer from kidney failure, and undergo leg amputation due to poor circulation (CDC, 2014a, paras. 2-5). Towards the beginning of the video, Bill removes his prosthetic leg, revealing the residual limb left by his amputation. About 10 seconds into the video, the camera zooms in and lingers upon the image of Bill's amputated leg, a move likely to trigger discomfort and corporeal anxiety in the audience. Bill then describes feelings of guilt over how he "put my wife, my kids through a whole bunch" (CDC, 2013a). During his interview, Bill delivers emotional testimony and cries near the end of the video (CDC, 2013a). The combination of these two powerful images – Bill's residual limb and Bill's crying – coalesce to perform a powerful visual counter-argument against traditional pro-smoking appeals. Similar to Brett and James' messages, Bill contests the linkage between traditional stoic American masculinity and smoking. But its resonance goes deeper than that. A caption stating "smoking affected more than just his body" combined with Bill's emotional description of his family's strife demonstrates the paucity of the tobacco industry's historical advertising narrative that smoking is compatible with a healthy family life (CDC, 2013a). In the 1950s, Chesterfield, Camel, Old Gold, and other tobacco brands commonly featured smiling, healthy, and happy families lovingly gifting their father cigarettes in their advertisements, suggesting that their products are ideal birthday or Father's Day gifts (Stanford School of Medicine, 2015c). The combination of Bill's emotional testimony and his disability reverses this linkage by visually demonstrating how smoking can devastate American families.

### **Becky**

*Becky's Tip* (CDC, 2016b) challenges another long-standing tobacco industry myth: that the cigarette is a key vehicle for asserting independence and autonomy. Becky, who is depicted with a nasal cannula used to assist in respiration, tells the viewer that she began smoking as a

teenager because “[she] thought it would make [her] look so cool and feel so free” (CDC, 2016b). Becky’s explanation of her original motivation to begin smoking reflects a widely held cultural attitude towards cigarettes, which are often seen by adolescents as “a rebellion or a means to establish independence and freedom from their parents or other adult authorities” (van den Berg et al., 2014, p. 238). Historically, a key tactic in cigarette advertising was to draw upon “powerful American images of independence and autonomy” (Brandt, 2008, p. 5). These advertisements had the dual effect of associating tobacco with America’s individualist ideals and appealing to America’s cultural aversion to paternalistic governmental regulation (Brandt, 2008, p. 5).

As Becky explains why she made the decision to smoke cigarettes, her older, healthier present self is juxtaposed against a picture of her as a vibrant young woman. She is then shown lifting her shirt up to expose a large scar on her back as she recounts having lung surgery (CDC, 2016b). Becky, now 54 years old, proceeds to explain the naiveté of her 16-year old self’s belief that smoking would make her freer. Becky’s testimonial ends as she claims to be “chained to an oxygen tank” and sternly warns: “my tip is: if you keep smoking, your freedom may only go as far as your oxygen tube” (CDC, 2016b). As she gives this last piece of advice the viewer is shown Becky walking across the room holding her oxygen tube. She then walks past her oxygen tank, as the viewer is shown a ground-level view of her oxygen tube being dragged along a carpeted floor, like a prisoner might drag along their shackles. This scene is a “joint argument,” where the conclusion (smoking will limit your freedom) “is expressed verbally” while the visual elements of the argument (e.g. the image of Becky encumbered by her oxygen tube) provide “reasons to support the conclusion” (Roque, 2015, p. 187). Rather than serving as merely a visual flag or an illustration, the embodied visual argumentation of Becky and her oxygen

machine provides a crucial warrant for the video's overall claim. The cumulative effect of Becky's testimony and her visually demonstrable lack of independence is a compelling counterpoint to the myth that smoking is liberatory.

## **Brandon**

*Brandon's Story* (CDC, 2012a) features a former-smoker whose deteriorating health necessitated an amputation. The CDC's website describes how Brandon developed a disorder linked to smoking called Buerger's disease, which blocked blood vessels and required the amputation of both of his legs and several fingertips (CDC, 2014b, paras. 1-2). Structurally, the video is novel because it cuts back and forth between the familiar interview format, in which Brandon narrates gruesome details of his condition, and a scene in which he attaches his prosthetic legs. This juxtaposition stimulates corporeal anxiety in viewers by rhetorically emphasizing how prosthetic technologies have influenced his everyday routine. This allows viewers to witness Brandon's transformation into a technologically-supplemented body by showing him on a bed with only residual limbs, and then documenting his application of prosthetic technology: first he puts on a translucent sleeve of rubbery looking material, and then he fits prosthetic limbs onto his cloth-wrapped residual limbs. (CDC, 2012a). As a window into Brandon's daily routine, these images are visual demonstrations which are "powerful tools of persuasion" insofar as they convey information that words would struggle to describe (Birdsell & Groarke, 2007, p. 109). Although details of Buerger's disease might be difficult to explain via words, this visual demonstration removes complexity and heightens the emotional impact of the message. Although Brandon's body parts cannot speak, when the camera focuses the viewer's gaze upon them their presence becomes a material form of bodily rhetoric that invokes corporeal anxiety.

During the message Brandon describes plastic tubing being “stuck in his left leg,” and how “in a matter of three and a half weeks my left foot went from a normal-looking foot to a foot that had to be amputated” (CDC, 2012a). This appeal to his foot’s prior state as “normal-looking” is a rhetorical move with very specific effects: “the apparently ‘benign and sterile-sounding word ‘normal’ has become one of the most powerful ideological tools” (Mills, 2011, p. 25). The standard of normality that these videos appeal to and sustain (i.e., that a normal body is one that is disability-free) in turn gives license to “a new racism against the abnormal . . . in the interests of population health and wellbeing” (Mills, 2011, p. 25). My argument is not that Brandon intends to intentionally stigmatize the disabled, but rather that he is making an appeal to lost normality that garners persuasive appeal by taking advantage of widespread fear of disablement.

In addition to this explicit reference to a standard of normality, by describing tubing as being “stuck” in his leg, implying that it does not fit comfortably or had to be forcibly inserted, Brandon’s testimony once again reinforces a binary between an archetypally normal human body and artificial technological supplements. Following this, Brandon’s narrative then takes a turn for the visceral:

A third of my foot was missing its skin so you could see the red fleshy meat. Where my big toe used to be I had a huge ulcer so big as to when I cleaned it out, besides gagging on myself from the smell, I could see the bones inside of my foot. Both of my index fingers are shorter. The tips turned black, the black tissue fell off, I had bones sticking out of one of my index fingers, and then the other finger, the tip turned black and the doctor actually pulled that off. The addiction is so overwhelming that after losing my body parts,

I'm still outside smoking. Buerger's disease and my addiction to cigarettes has left a lasting impact. (CDC, 2012a)

More so than the previous videos, Brandon offers an unapologetically graphic account of his medical struggles. His use of vivid language such as “red fleshy meat” to describe his body, invocation of olfactory sensations powerful enough to provoke “gagging,” and his description of painful physical experiences, all have the capacity to provoke revulsion and disgust in the audience. This combination of Brandon's non-verbal bodily rhetoric and this disturbing account of his body's decay constitutes both a shock appeal and a disgust appeal. The video ends as Brandon descends a staircase using this technology while he reflects that his “life will always be affected by cigarettes” (CDC, 2012a). The contrast between Brandon's lurid narration of his smoking-induced suffering and the images of him applying prosthetic limbs – part of his new normal routine – illustrates how the impacts of Buerger's disease are both spectacular and dull.

## **Marie**

*Marie's Story* (CDC, 2012d) also features a victim of Buerger's disease. Like Brandon, she underwent several amputations: “at age 44, half of my right foot was amputated. When I was 45, I had a below-the-knee amputation of my left leg. Then my fingers began to go” (CDC, 2014f, para. 5). Marie's video is structured similarly to Brandon's, in that both videos juxtapose the subject providing testimony and performing everyday tasks. The disabled body is once again a rhetorical device in *Marie's Story*. On several occasions the camera zooms in on Marie's severely damaged fingertips and the remnants of her right foot, which appears to lack toes, inviting the scrutinizing gaze of the viewer. This bodily rhetoric occurs as Marie describes the depressive state she found herself in following her contraction of this disease: “my first three or four years were just unbearable. I wasn't living, I was just existing” (CDC, 2012d). Like



Brandon's video, "Marie's Story" ends with her reflecting about how "life is so different now" as she performs a mundane task (this time taking out the garbage) while walking with what appears to be a slight limp. This combination of Marie's bodily rhetoric along with her painful account of her suffering leaves the viewer with an echo of the aching yearning towards prior wholeness and normality that Marie's testimony invokes.

Moreover, this scene is a powerful visual counter-argument to the tobacco industry's strategy of associating smoking with an ideal, glamorous femininity. Images of beautiful women wearing stylish dresses have been abundant in pro-cigarette advertising, advancing the argument that smoking is a stepping stone to an exciting social life and sexual allure. The image of Marie, performing uneventful household tasks in spite of her missing fingertips and limp, creates a stark contrast between the archetype of a glamorous, sexy female smoker and the grim reality of smoking addiction. It is a visual demonstration that portrays Marie's struggles in a more vivid and impactful way than words would alone.

### **Jessica and Aden**

*Jessica's Asthma Ad* (CDC, 2012c) also features a disabled body used as a visual argument. However, this message features two subjects rather than one, neither of whom are smokers. Jessica is a single mother whose son, Aden, was three years old when he developed asthma as a result of secondhand smoke (CDC, 2014e, para. 2). Technically not a tip from a former smoker, this message is a cautionary tale to parents who bring their kids into contact with smokers, while also containing elements of a guilt appeal about smoking's effect on people other than the smoker. Although Jessica narrates this message, she is not the key rhetorical object in this text. Due to his disability, Aden is the silent, yet ever present, center. Early on in the video, Jessica is seen helping Aden with an inhaler. The message's most powerful moment begins when

someone turns on the machine. The camera reveals young Aden close up wearing an oxygen mask. As he inhales and exhales, compressed air escapes from his mask, and his breath condenses on the plastic component that covers his mouth, while a mechanical humming noise can be heard in the background. Although Aden is completely silent during this moment, the visual argument is powerful. The image of a respirator mask besmirching an otherwise pristine, youthful face casts disability and technology as antithetical to Aden's childlike innocence and naturalness. Aden is what Birdsell and Groarke call a "visual symbol" of children who have become the collateral damage of an adult's smoking habit (2007, p. 105). Although respirator masks may be a modern innovation, the rhetorical structure of this message is nothing new. Even in the Victorian-era, disabled children were used as poster-children to motivate adult action and behavioral change (Garland-Thomson, 2002, p. 63). This tactic in turn cements a particular power dynamic in which the viewer, in a paternalist relationship vis-à-vis the disabled child, can "fantasize rescuing this child from the stigma of being disabled" (Garland-Thomson, 2002, p. 65).

Following this scene, a caption reading "HALF OF U.S. KIDS ARE EXPOSED TO SECONDHAND SMOKE" appears (CDC, 2012c). The persuasive impact of this message is heightened by its status as what Roque would call a "parallel argument," expressed both verbally and visually (2015, p. 187). In this video, the text and image "reinforce one another" (Roque, 2015, p. 187). The text revealed at the end provides the abstract claim that secondhand smoking endangers many children, while Aden provides a vivid visual illustration of how secondhand smoking has irreversibly altered the life of one particular child, which maximizes the video's emotional impact. The parallel visual and verbal argumentation in this video also serves to refute another marketing tactic historically utilized by the tobacco industry. Disturbing as it may seem,

for years tobacco advertising featured babies and children, which “represent purity, vibrancy, and life - concepts which can be dangerous when tied to tobacco products” (Stanford School of Medicine, 2015a, para. 1). This video constitutes a dialogical visual counter-argument that demonstrates that smoking is in fact antithetical to those very concepts (vibrancy, life, etc.) as they relate to children.

### **Shane**

Like Terrie and Shawn’s videos, *Shane’s Story* (CDC, 2013b) once again features a victim of throat cancer, albeit this time with a different medical device. Having undergone multiple surgeries, Shane is featured speaking through an electro-larynx, “a device he presses against his neck so he can talk” (CDC, 2014h, para. 2). If Terrie and Shawn’s voices sound hoarse and raspy due to their voicebox devices, Shane’s has a synthetic and electronic tone. Throughout the video, Shane narrates his history of tobacco addiction by placing the handheld electro-larynx device onto his neck, which produces a vibration that allows him to speak. In terms of verbal content, the rhetoric here is unremarkable compared to the other videos. Like many other participants in the *Tips from Former Smokers* campaign, Shane describes how he started smoking young and didn’t stop until it was too late because cancer didn’t seem like something that could happen to him (CDC, 2013b). The rhetorical effect of this video stems primarily from the aural power of Shane’s voice itself, which sounds cold and alien. The digital tone of his voice, when presented in this context, serves as a mechanism to feed into the corporeal anxiety of the audience.

Aside from Shane’s tone of voice, the “immediate visual context” is also of great relevance for understanding this video (Birdsell & Groarke, 1996, p. 6). This electronic and technological manner of speech is juxtaposed with a primarily organic background. Shane

appears to be in a park, with vibrant green trees and grass behind him alongside a rippling pond and fountain. Shane, who is pictured applying an electronic device to his throat in order to speak in his digital tone, provides a stark contrast with this environment. This choice of scenery visually advances a dichotomy between the normal and technological in this video. Moreover, by advancing this binary, the video serves as a dialogical response to efforts by certain tobacco corporations to associate themselves with vitality and the natural world. In the 1960s and 70s, many tobacco corporations (such as Salem, Camel, and Kool) released advertisements featuring lush natural backdrops and “green landscapes,” to create an association between their products and “vitality,” “freshness,” and “healthfulness” (Stanford School of Medicine, 2015h, para. 1). The juxtaposition of Shane - with his electronic tone of voice and medical technology – and a pleasant green landscape undermines the tobacco industry’s attempt to associate their products with naturalness, by manipulating the fear that smoking-related disabilities will cause one to lose the innate normality and naturalness of their body. Shane’s video is striking precisely because it appeals to society’s fear of disablement and angst over the breakdown of the binary between humanity and machine. Perhaps more so than any other *Tips from Former Smokers* video, *Shane’s Story* exposes the indeterminacy of the body vis-à-vis technology.

## **Mark**

The story of Mark, the subject of the message titled *Mark's Military Service and Illness* (CDC, 2015a), can be found on the part of the CDC’s website that offers messages tailored to specific demographic groups. This message, while relevant to other groups, seems targeted at smokers who have also served in the armed forces. Mark’s biography describes how he took up smoking for social reasons as a teenager and then joined the Air Force, where he continued to smoke while making two tours of duty through the Persian Gulf (CDC, 2015c, para. 1). In his

video message Mark recounts how smoking was tolerated within military culture, with smoke breaks being offered during basic training (CDC, 2015a).

In his video message, Mark recounts becoming concerned about his health after noticing several symptoms, listing constipation and bleeding in particular (CDC, 2015a). He is then pictured in a bathroom applying a stoma to his stomach, which is a device used by survivors of colon cancer to pass stool or urine (CDC, 2015a). The realization of this device's purpose has the ability to produce profound discomfort or even disgust in the audience.

Several visual elements within this text stand out. About 8 seconds into the video, two military service medals are visible on Mark's desk next to his laptop computer. 18 seconds into the video Mark is pictured standing in front of a window, staring into the distance, with his hands in his pockets. Outside of what is presumably Mark's home, an American flag can be seen swaying gently in the breeze. On one level, this message can be read as an attempt to appeal to a very specific subset of smokers, namely those who have performed military service. On another level, the inclusion of potent and iconic visual symbols like war medals and the American flag allows critics to read this video as being a dialogical visual counter-argument to the tobacco industry's attempt to link their products with patriotic values (Birdsell & Groarke, 2007, p. 105). Within this text, that linkage is reversed. Depicting war medals and the American flag visually demonstrates to the audience that Mark is a patriotic man, who spent years of his life serving his country abroad. The depiction of Mark's reliance on medical technology as a result of smoking-related cancer is therefore a visual demonstration of the pain and suffering that smoking inflicts on America's veterans. This combination of visual symbols like the American flag and Mark's bodily rhetoric produces a powerful visual argument against the tobacco industry's attempt to associate their products with patriotism and national service.

## Brian

If Mark's advertisement implies that there is tension between smoking and patriotism, *Brian's Tip* (CDC, 2016c) asserts the argument more forcefully. According to his online biography, Brian began smoking at age 8 because "he thought it was cool" (CDC, 2016a, para. 1). After joining the Air Force at age 19, Brian had a heart attack while serving abroad at age 35 (CDC, 2016a, paras. 2-3). Since his first heart attack he has had several surgeries, including surgery "in which a defibrillator—a device that helps regulate abnormal heartbeats—was put in his chest" (CDC, 2016a, para. 4). Brian's health deteriorated so much that he eventually required a heart transplant (CDC, 2016a, para. 4).

Like the previously analyzed message, *Brian's Tip* is awash with patriotic imagery. As Brian introduces himself and tells the viewer "I was in the military for 18 years," he is shown holding a navy-blue military uniform with an Air Force insignia on the right shoulder (CDC, 2016c). Brian explains his reason for joining the Air Force, saying "I joined the service so I could serve my country and see the world" (CDC, 2016c). The viewer is given a close-up view of several of Brian's mementos from his military service days. The video's gaze pans from right to left across Brian's display, showing a framed black-and-white photograph of a man in a military uniform (presumably a younger Brian), a light blue baseball cap bearing Air Force and eagle insignias in addition to the phrase "USAF TOP 3," and concluding with a shot of a medal nested in a display case (CDC, 2016c).

After Brian's patriotism is verbally demonstrated by his claim that he joined the military to serve his country and visually demonstrated by this combination of military symbols, the tone of the video changes abruptly. Brian says "but I smoked," and the setting of the video shifts from a household to a hospital (CDC, 2016c). The viewer is shown an emergency room curtain being

pulled back, as if in preparation for an operation. Next a generic analog clock is shown with its second hand ticking, as the steady beeping of medical devices becomes audible. Instead of getting to see the world, Brian says “a lot of the world I got to see looks like this” – as the viewer is shown medical devices, and fluorescent hospital lighting (CDC, 2016c). Brian concludes his message by stating outright what Mark only implied: “my tip is: it’s hard to serve your country when you’re too weak to put on your uniform” (CDC, 2016c).

*Brian’s Tip* constructs a visual binary between a patriotic, adventurous lifestyle and the lifestyle of those suffering from smoking-related illness and disability. The contrast between Brian’s professed desire to “see the world” and the sterile, antiseptic scenery of the hospital is powerful. The key to establishing this dichotomy is the visual contrast between the two parts of the videos. The first 10 seconds of the message is rife with potent symbols of patriotism – e.g., the uniform, medal, etc. – meant to serve as visual proof of Brian’s commitment to America. In the next 10 seconds the visual lexicon of the message change dramatically, away from patriotic imagery, towards the nonspecific tedium of the hospital. Smoking is no longer a symbol of manliness or national service – it effectively emasculates Brian, confining him to a hospital room and preventing him from fulfilling his patriotic impulses.

### **Summary of Findings**

Several themes are dominant throughout these selections from the *Tips from Former Smokers* campaign. Through a rhetoric of containment, former smokers are cast as failed humans to serve as cautionary tales for the audience to learn from. Each video uses a combination of testimony and bodily imagery to invoke a prior sense of normality and wholeness that has since been lost due to cigarette related disability or disfigurement. In doing so, an archetypally able-body is appealed to and reinstated as the implicit norm against which all other deviant bodies are

to be judged. The role of the medical technologies featured in these videos is important: many people fear technology as threatening the “organic unity and autonomy of the body” (Dolmage, 2013, p. 111). The visual presence of various medical devices – respirators, voiceboxes, prosthetic limbs – provokes corporeal anxiety by exploiting the fear that the boundaries between the natural body and technology will dissolve, rendering one’s body permeable, and no longer “static, rational, and whole” (Dolmage, 2013, p. 111). The emotional impact of these messages is amplified when aural elements – such as the voices of Terrie, Shawn, and Shane – provide further evidence of smoking’s debilitating consequences and ability to break down the dichotomy between the technological and the human. In the same way that an image of a visible physical disability might serve as a visual argument demonstrating the health risks of smoking, the sonic phenomenon of a speaker’s voice degraded by throat cancer can serve as an “aural argument” illustrating the risks of cigarette addiction, as it does when Shane exhorts the viewer not to smoke using a synthesized tone. This is an important finding, as it demonstrates that the body operates as a form rhetoric not only in the visual realm, but also in the sonic and aural realm.

These videos also represent a concerted effort to visually counter arguments that were forwarded in cigarette advertisements years ago. The CDC offers compelling real-life counter-examples to many prominent tobacco industry myths: the Marlboro Man’s hyper-masculinity is met with tragic stories of men who have been incapacitated by the aftermath of smoking addiction, the blissful images of mothers and fathers smoking alongside happy children are met with highly emotional narratives about smoking’s devastating impact on family life, and appeals to independence and rebellion are countered with images of former smokers encumbered and constrained by disabilities and medical technology. This means that the CDC’s campaign



invalidates arguments that cigarettes will make one more attractive or independent, but paradoxically shares an investment in these same values – autonomy, able-bodiedness, etc. – with the tobacco industry’s own advertising. Linking current anti-cigarette discourse to past cigarette advertising allows us to appreciate the broader rhetorical trajectory of the cigarette debate, by illustrating how the CDC’s discourse comes to thematically mirror the tobacco industry’s in their attempt to falsify prior associations between cigarettes and desirable qualities like sex appeal and independence.

### **Conclusion**

As described in chapter one, this series of messages has successfully raised awareness of smoking’s risks, generated quit attempts, and encouraged viewers to seek out cessation services. The CDC decided to design a campaign that downplayed smoking’s mortality risks, and instead emphasized its capacity to disfigure and disable users. This decision appears to have paid off, at least in the short term. I have argued here that these messages motivate their audiences to avoid smoking by stoking corporeal anxiety. By utilizing imagery of disabled bodies, the CDC has advanced persuasive visual arguments against smoking and contested the continued resonance of pro-smoking iconography. Frieden, who has likened tobacco executives to mass murderers, is evidently willing to do whatever it takes to combat the tobacco industry and reduce smoking-related illness. But Frieden’s success in achieving this goal has come at a cost; *Tips from Former Smokers* continues a long tradition of turning disabled bodies into spectacle. Garland-Thomson observed:

The history of disabled people in the Western world is in part the history of being on display. . . . From antiquity through modernity, the bodies of disabled people considered to be freaks and monsters have been displayed by the likes of medieval kings and P. T.

Barnum for entertainment and profit in courts, street fairs, dime museums, and sideshows. (2002, p. 56)

The gaze of these messages constitutes a power differential. This differential is especially salient in the context of disability because a “non-disabled audience retains the power to subject a non-normative body (traditionally, that of a person with disabilities) to the ableist gaze as entertaining spectacle, enjoying a mixture of shock, horror, wonder, and pity” (Church, 2011, p. 3). This viewing relationship subordinates disabled people in visual culture, enabling an able-bodied audience to reaffirm its superiority over subjects like Brandon, who depend on technological supplements. The former smokers in these videos embody the un-natural and technological, confirming “the normal/nondisabled-abnormal/disabled binary by framing the disabled body as deviant and as ‘Other’” (Quackenbush, 2008, p. 113).

One might reasonably object that there is an ethical distinction between stigmatizing persons with inherited disabilities or disabilities acquired via illness or injury and *Tips from Former Smokers* messages, which feature persons who acquired their disabilities and disfigurements as a result of their own choice to smoke and have consented to appear in these videos voluntarily. Yet, the question of consent is separate from the question of whether or not these videos perpetuate negative attitudes towards persons with disabilities, regardless of how those disabilities were acquired. This is why one can acknowledge that actresses appearing in pornography consented to do so, while still criticizing pornography for advancing negative attitudes towards women. Irrespective of the nature of the disabilities depicted, the *Tips from Former Smokers* campaign shares with tobacco industry advertising the assumption that certain bodies are more desirable than others. The desirability of an attractive, able body as a norm is uncritically accepted, as it was in Marlboro Man advertisements released decades prior to the

CDC's campaign. In this chapter I have sought to explain the rhetorical continuity between the tobacco industry's historical tendency to elevate an ideal able body, and the CDC's appeal to that same ideal in their counter-advertising efforts.

This rhetorical continuity is not accidental, but is in fact instrumental to the CDC's goal of reducing smoking-related illness. Images of disabled bodies are meant as cautionary tales, intended to persuade viewers to avoid behaviors that risk their bodily coherence or otherwise trigger corporeal anxiety. The ability to gaze upon the spectacle of a disabled body is the ability to reaffirm the supposed normalcy and naturalness of one's own body. Indeed, how can one establish one's own bodily integrity as a closed, discrete system without referencing it's supposed opposite? Within *Tips from Former Smokers*, the disabled body is "used as the negative ground against which an ideal" can be formed (Dolmage, 2013, p. 204). This campaign is the predictable result of attempts to solve tobacco-related health problems in a society that fears disability more than death itself; in such a society, disabled bodies can serve as visual arguments of a certain kind.

## Chapter Four: *The Real Cost* Case Study

America remains in the midst of a youth smoking crisis. Each day, “3,800 youth under the age of 18” smoke their first cigarette (Mickle, 2016, para. 9). A 2012 Surgeon General report describes this phenomenon as an epidemic, noting that “nearly one in four high school seniors and one in three young adults under age 26 smoke” (U.S. Department of Health and Human Services, p. iii). Moreover, this report found that most young smokers fail to outgrow the habit, and go on to smoke through their adulthood, in spite of the attendant health risks (U.S. Department of Health and Human Services, 2012, p. 3). The need to reduce smoking amongst the teenage demographic in particular is urgent. The vast majority of smokers take up the habit before reaching adulthood: “88% of adult smokers who smoke daily report that they started smoking by the age of 18 years” (U.S. Department of Health and Human Services, 2012, p. 3). Through years of advertising efforts, the tobacco industry has erected a host of formidable obstacles to reducing smoking amongst America’s youths. Before analyzing the FDA’s *The Real Cost* campaign, I will outline several of these barriers.

Although initial attempts to regulate tobacco consumption faltered because of libertarian attitudes towards governmental interference in individual choices, increased awareness of the dangers of secondhand smoke struck a big blow against the tobacco industry (Brandt, 2008, pp. 280-281). Anti-smoking forces began to frame public smoking as a risk to not only the smoker, but also to innocent bystanders. The result was that “the social acceptability of cigarette use fell precipitously” (Brandt, 2008, pp. 310). As skepticism about the habit’s health risks led Americans to quit smoking in record numbers in the 1980s and 1990s, the tobacco industry acted as it always had when facing adversity: they altered their advertising efforts, this time making a concerted effort to “youthen” their brand images (Brandt, 2008, p. 7). The tobacco industry

calculated that it could ensure long-term profitability by courting what they described as young “replacement smokers,” to ensure a market for “the cigarettes no longer being purchased by smokers who quit or died off” (Brandt, 2008, p. 387).

The Camel brand’s marketing maneuvers are a prime example of this targeted appeal to America’s youth. In the late 1980s R.J. Reynolds debuted Joe Camel, a cartoon camel depicted smoking cigarettes while engaging in an exciting and glamorous lifestyle, in an effort to widen the appeal of their product. At their peak, Joe Camel and other brand icons were ubiquitous, “appearing in movies, on billboards, promotional displays at youth-oriented events, on television during sporting events, and on ‘line extenders,’ such as T-shirts, posters, and caps” (Fischer et al., 1991, p. 3148). This effort was disturbingly effective: Fischer et al.’s (1991) study found that within a few years, Joe Camel and Mickey Mouse “were nearly equally well recognized” by children (p. 3147). In a short amount of time, the Camel brand’s share of the illicit children’s cigarette market skyrocketed from .5 percent to a stunning 32.8 percent, in no small part due to the influence of the cartoon camel (Brody, 1991, para. 4). Joe Camel appealed to young prospective smokers on several levels:

Joe Camel was just the sort of slightly older figure whom young boys idolize: he was aggressively independent, fun-loving, and eager to flout authority. Unlike his chief rival the Marlboro Man, a lone cowboy with a horse and cattle under the big sky, Joe Camel was an urbanite. Whether wearing shades and playing pool at a nightclub or out for the night in formal wear, he was the ultimate party animal, often fronting his camel band, known as “Hard Pack.” He was never seen without a cigarette dangling from his elongated snout. (Brandt, 2008, pp. 386-387)

Joe Camel, frequently depicted alongside beautiful women, appealed to his target audience on a more subliminal level as well. Numerous observers, including advertising commentators and cultural studies scholars noted “the essentially phallic characteristics of Joe’s face,” which reinforced the character’s “macho” appeal (Brandt, 2008, p. 390). Although smoking remained a broadly unacceptable activity, symbols like Joe Camel that embodied young people’s desire to live independently and experience adult pleasures allowed the industry to recuperate itself and create a long-term market amongst American youths. R.J. Reynolds disingenuously insisted that these advertisements were not targeted at underage persons and maintained that smoking was “strictly for adults,” but these protestations missed the point: prospective teenage smokers have always found cigarettes appealing “precisely as a way of appearing more ‘adult’” (Brandt, 2008, p. 389).

The successful rebranding of Camel heightened the urgency of more effective controls on tobacco. One such effort occurred in 1996, when President Bill Clinton issued new FDA regulations to reign in the tobacco industry by restricting advertising and reducing youth smoking (Gaunt, 2011, p. 218). Tobacco companies immediately moved to file lawsuits holding that the FDA had no jurisdiction over tobacco, and scored a huge victory in 2000 when the Supreme Court ruled “Congress had not given the FDA authority to regulate tobacco products” (Gaunt, 2011, p. 219). Defeated in the courts, the FDA’s efforts to regulate tobacco reached an impasse until 2009, when Congress passed and President Obama signed into law the Family Smoking Prevention and Tobacco Control Act, which restored FDA regulatory power over tobacco, including the marketing and advertising of tobacco products (Gaunt, 2011, p. 2019). This new legislation created a firm statutory basis for the FDA’s regulatory authority over tobacco, shielding the agency from further court challenges.

From this legislative victory, the FDA's *The Real Cost* campaign was born. The 2009 Tobacco Control Act "laid the groundwork for the FDA to develop and implement several public health education campaigns" (FDA, personal communication, March 17, 2016). Bolstered by this new authority and funded by "user fees collected from the tobacco industry," the FDA began to plan a campaign that would break big tobacco's grip on America's youth (FDA, personal communication).

The campaign, designed by the FDA in tandem with its creative agency FCB (or the Foote, Cone and Belding agency), underwent several stages of development (FDA, personal communication, March, 17, 2016). The messages and themes of the campaign were "thoroughly informed by both qualitative and quantitative research" and guided by "extensive literature reviews, consultation with tobacco public education experts and qualitative research (e.g., focus groups)" (FDA, personal communication). Prior to the release of these advertisements, which were filmed "with several studios and directors" the FDA "quantitatively tested with members of the target audience to measure perceived ad effectiveness, level of engagement and message comprehension, and to assess the potential for unintended counterproductive message effects" (FDA, personal communication).

The FDA's extensive vetting of this campaign reflects the reality that in order to address America's youth smoking epidemic, counter-advertising efforts must become smarter and more tailored. Following in the footsteps of the CDC's *Tips from Former Smokers* campaign, the FDA finally released its youth-targeted strategy entitled *The Real Cost* in 2014, launching a multi-media effort aimed at discouraging teenagers from smoking (Szabo, 2014, para. 1). Despite some progress in reducing the incidence of smoking amongst teens, "the decline has slowed" and the FDA "hopes this initiative will speed it up" (Kotz, 2014, para. 12). The campaign's objective is

to “educate at-risk youth about the harmful effects of tobacco use with the goal of reducing initiation rates among youth who are open to smoking and reducing the number of youth already experimenting with cigarettes that progress to regular use” (FDA, personal communication, March 17, 2016). Tobacco companies have marketed their products to youth and young adults for years using figures such as Joe Camel. *The Real Cost* represents an effort to deglamorize tobacco usage while ensuring that young audiences across the country are exposed to anti-smoking arguments.

*Tips from Former Smokers* and *The Real Cost* bear many similarities. Like the CDC’s messages, these advertisements are typically about 30 seconds long. Mortality-based fear appeals are also conspicuously downplayed in the FDA’s campaign. The fear of disablement and disfigurement is also present in *The Real Cost* messages, which are notable for “emphasizing the bodily harm smoking can inflict—and tapping into teens’ concerns about their appearance” (Sifferlin, 2014a, para. 2). These advertisements also utilize fear and disgust based appeals to motivate behavioral change from their audience. However, whereas the CDC aimed for authenticity and realism while utilizing a documentary-like format and testimony from actual former smokers, *The Real Cost* features dramatizations performed by actors, with a surreal and nightmarish tone being a hallmark of this campaign. Because these advertisements feature actors as opposed to actual former smokers suffering from disability and disfigurement, the appeals to fear of disablement are less explicit than in *Tips from Former Smokers*. Nonetheless, several messages are thematically similar to *Tips from Former Smokers* and rely upon the same appeals to an archetypally healthy body and its abnormal opposite.

Although both campaigns utilize visual arguments, fear appeals, and disgust appeals, another key difference between *Tips from Former Smokers* and *The Real Cost* is the diversity of



persuasive strategies utilized in the latter. There are certainly a variety of themes and a diverse cast of speakers in *Tips from Former Smokers*, but every advertisement nonetheless uses a testimonial format centered on the real-life experiences of the speaker. Unbound by the constraints of the testimonial format, *The Real Cost* advertisements utilize a wider range of visual motifs in pursuit of their goal. Many *The Real Cost* messages analyzed here share similar dramatic arcs, but there are nonetheless several distinct narrative patterns to be found within the campaign. This makes it difficult to speak monolithically about this campaign, contributes to divergent rhetorical outcomes depending on the strategy used in each individual video, and ultimately leads me to endorse certain messages from the campaign while criticizing others.

My analysis of these advertisements will proceed in three parts, as I have grouped several *The Real Cost* advertisements into thematic categories. First, I will analyze the messages that feature a monster meant to represent the harms of smoking. Next, I will analyze the messages that seek to persuade teenagers to avoid smoking by appealing to their desire for independence. Finally, I will analyze the two messages in this campaign most similar to *Tips from Former Smokers*, which appeal to teenagers' fear of disfigurement.

### **Metaphorical Monsters in *The Real Cost* messages**

To a teenager contemplating cigarette usage because of social pressures, the usual refrain that cigarette smoking will kill you or result in long-term health consequences can sound hopelessly abstract, given that young audiences are usually more “concerned with dating, socializing, and their peers’ opinions” (Beaudoin, 2002, p. 133). To convey the danger inherent in the decision to smoke, *The Real Cost* messages feature visual metaphors meant to symbolize the perils of tobacco usage. By using fantastic imagery to represent “the dangers of the toxic mix of chemicals in cigarette smoke” the FDA hopes to “motivate youth to find out more about

what's in each cigarette and reconsider the harms of smoking” (FDA, personal communication, March 17, 2016). In *Science Class* (FDA, 2015c) and *Found It* (FDA, 2015a), smoking is represented by a hideous alien creature, which bears physical features borrowed from insects, crustaceans, and science fiction/horror movie monsters. In particular, this monster resembles a “facehugger” creature from the science fiction classic *Alien* (1979). *Science Class*, as its title might imply, takes place in what appears to be a high school science laboratory, albeit an unusually poorly lit one (FDA, 2015c). A science teacher is seen studying the alien creature, which is pinned to a table by several metal restraints. As the teacher prods the creature, he lists chemicals that appear in cigarettes such as formaldehyde and nitrobenzene, and warns the students that these chemicals will cause “prematurely wrinkled skin” and “stunted lung growth” (FDA, 2015c). Much to the alarm of the students who begin to scream and disperse throughout the room, the creature breaks free of its bonds and scurries around the floor, terrorizing the classroom.

*Found It* takes place in another location that will be recognizable to any American high schooler: underneath the bleachers of a sports stadium. Rather than conducting run-of-the-mill teenage mischief under these bleachers, the teenagers in this video are seen poking a pencil at another alien creature, which clearly resembles the previously described one but is smaller and more insect-like. A teenage boy (presumably showing off to his friends) lets the creature crawl up his arm till it begins to latch onto his face, prompting the group of friends to panic. The boy falls to the ground, causing the creature to scurry off into the darkness. As the boy gathers himself, he lets out a smoker’s cough. Both advertisements end with a narrator stating: “if cigarettes looked as dangerous as they are, you’d run like hell” while the alien creature

withdraws into a pack of cigarettes, not unlike a hermit crab might withdraw into a shell (FDA, 2015a; FDA 2015c).

The alien creature in both messages is clearly a visual metaphor for cigarettes that translates the abstract sounding health consequences of smoking into the visual iconography of science fiction/horror films, in hopes of conveying the risks of cigarettes to a teenage audience in a more visceral way. Teenagers might not understand the science behind emphysema or cancer, but portraying cigarettes as a monster not unlike what they might see at the movie theater on a Saturday night serves to reduce the complexity of the phenomenon. In particular, the image of the creature crawling upon the frightened boy's face in *Found It* is visually reminiscent of several iconic scenes from famous Hollywood films, including the scene from *Home Alone* (1990) where a tarantula crawls across the face of a screaming Marv (portrayed by Daniel Stern), a scene from the science fiction horror film *The Thing* (2011) where a character is assaulted by a reanimated dismembered arm with insect-like legs sprouting from it, and the scene from Peter Jackson's blockbuster remake of *King Kong* (2005) where the protagonists are assaulted by giant murderous insects. The latter features shots of Jack Driscoll (portrayed by Adrien Brody) and Lumpy (portrayed by Andy Serkis) struggling to defend their faces while being attacked by insectoid monsters; a scene replicated nearly identically in *Found It*.

By visually alluding to material from famous films and stock Hollywood monster archetypes, *Science Class* and *Found It* attempt to gain persuasive appeal by juxtaposing mundane, nondescript high school settings with the otherworldly menace of the cigarette monster. Despite the dramatized tone of these videos, which seem to emulate horror films, they are set within a world that should be thoroughly familiar to their audience – in high school classrooms, for instance. This serves to make the metaphorical monster, and by extension

cigarettes, seem incongruous and anachronistic within the commercial. The key rhetorical outcome produced by these visual arguments is a disruption of the tobacco industry's attempt to normalize cigarette consumption amongst teenagers. Cigarettes are portrayed as menacing, threatening, and alien – and therefore out-of-place amongst normal American teenagers.

This last point is crucial to understanding these messages as a dialogical response to past cigarette advertisements. Historically, the tobacco industry sought to normalize teenage consumption of tobacco via targeted advertising campaigns featuring young people engaging in smoking as “a proud badge of adulthood” (Stanford School of Medicine, 2015g, para. 1). The metaphorical monster here serves as a visual argument against this normalization, by representing cigarettes as sinister and foreign rather than part of the fabric of teenage life like the tobacco industry would prefer. The choice to represent cigarettes as monstrous produces an interesting rhetorical effect: despite being distinct from *Tips from Former Smokers* in terms of genre, both *Tips from Former Smokers* and these two advertisements attempt to associate smoking with the loss of normality and humanity.

### **Your Cigarettes or Your Control: Appeals to Independence in *The Real Cost* messages**

*Stay In Control* (FDA, 2014b), *Bully* (FDA, 2014a), *In The Way* (FDA, 2015b), and *Dance* (FDA, 2016) utilize a separate set of visual metaphors, but share a common appeal to a teenager's sense of independence. This particular rhetorical approach is necessitated by the reality that smoking is “often associated with rebellion and sophisticated individualism” by youths (Hilton, 2005, p. 33). Studies and data appear to support this claim, as a survey of research conducted by the National Cancer Institute showed that teens correlate smoking with rebelliousness (2008, p. 221). Because of this linkage between smoking and independence, the societal debate about the risks of tobacco has often “been posed in individualistic terms”

(Matthews, 2005, p. 346). *The Real Cost* advertisements are no different. It makes sense to posit anti-smoking arguments in this vernacular, given that individualist values like freedom, independence, and autonomy all hold great value for youth seeking to define themselves and assert control over their destiny (National Cancer Institute, 2008, p. 213).

The two messages analyzed here constitute a dialogical visual counter-argument to the tobacco industry's strategy of appealing to the teenage desire for independence and rebellion. Because teenagers prize independence, anti-cigarette forces are in a catch-22; being told by parents and adults not to smoke often backfires and only serves to invite non-compliance from rebellious teenagers (Proctor, 2011, p. 80). These four advertisements are an effort to discourage teenagers from smoking without falling prey to this pitfall of past efforts. They are meant to reframe cigarette addiction as "a loss of control to disrupt the beliefs of independence-seeking youth who currently think they will not get addicted or feel they can quit at any time" (FDA, personal communication, March 17, 2016). Rather than lecturing to teenagers that smoking is dangerous or death-inducing, they advance the argument that smoking inhibits one's freedom via dramatization and visual metaphor.

*Stay In Control* features an attractive young blonde teenager, named Amanda Green, reciting something akin to a wedding vow (FDA, 2014b). The "immediate visual context" of this advertisement is quite important, as the sequencing of images shown here helps to craft a compelling narrative (Birdsell & Groarke, 1996, p. 6). The message cuts back and forth between Amanda signing a contract and scenes where Amanda is seen participating in various social interactions while a voice-over of Amanda making an oath is heard in the background. Some dramatic sounding piano music plays in the background for atmospheric purposes. Amanda's commitment reads as such:

I, Amanda Green, at the point of my life when I'm not a kid anymore, now that I finally have freedom to define who I am, I hereby agree to be bound to you. To let you decide how I spend money. To let you set my boundaries, and to come running the instant you snap your fingers. With this contract, I relinquish part of my freedom to you. (FDA, 2014b)

Over the course of the message, it becomes apparent that Amanda is addressing cigarettes. Even as Amanda is pictured surrounded by cheerful and carefree peers, her facial expressions and body language convey discomfort and distance. Her friends chat vividly inside a restaurant, and later socialize at a house party, while Amanda is shown smoking cigarettes by herself. Amanda's desire to interact with her friends and her need to smoke cigarettes are portrayed as being in conflict with each other. These images – of an isolated Amanda struggling in various social situations – are a succinct visual rejoinder to tobacco industry advertising that depicts happy, smiling young adults socializing and enjoying themselves while consuming cigarettes, a prime example being Newport advertisements from the 1980s to 2000s (Stanford School of Medicine, 2015e). There is an obvious need for counter-advertising strategies such as this, given that the National Cancer Institute's (2008) research demonstrated that social pressures and psychological needs greatly influence a teen's decision to smoke (p. 212). In addition, the National Cancer Institute's review of smoking research revealed that many studies support the idea that teenagers smoke to gain popularity and acceptance with their peers (2008, p. 217).

The key visual metaphor of the message appears in the final ten seconds of the advertisement, when the contract Amanda is shown writing upon magically rolls up to form a cigarette. The advertisement ends with a final shot of Amanda smoking alone, as a narrator states: "there's a contract in every cigarette – when you light up, you sign up" (FDA, 2014b). In

this advertisement cigarette addiction is verbally and visually represented as a binding obligation that undermines the freedom of users. The image of Amanda signing a contract (which becomes a cigarette) brings to mind the idea of “selling one’s soul.” This visual metaphor illustrates the dependence that cigarette addiction fosters far more powerfully than words alone. In doing so, it refutes the association between smoking and independence. In this video, Amanda gains none of the benefits that cigarette advertisements claim tobacco products will bring. Rather than enjoying increased popularity or social acceptance, Amanda is portrayed as distant and alienated from her friends because of her need to smoke. Instead of enjoying newfound freedom and independence, Amanda is beholden to a binding commitment that dictates her behavior in social situations. Although many *The Real Cost* messages utilize sensational imagery, the tone of *Stay In Control* is relatively understated.

*Bully* illustrates a similar theme, but in more surreal terms. Cigarettes are once again represented via a visual metaphor, this time personified in the form of a diminutive man, no more than a few inches tall, who bullies various high school students (FDA, 2014a). This miniature man is seen performing several activities commonly associated with bullying such as shoving a boy against a locker and forcing a young girl to give him money. He performs impressive physical feats, such as dragging a student across a hallway, in spite of being extremely small. He is portrayed as extremely domineering and overbearing:

When I say go outside, we go outside. When I say fork it over, you fork it over [referring to money]. Hey – when I say pause the movie, we pause the movie. (FDA, 2014a).

The parallels to the previous message are clear: via a visual metaphor that likens cigarettes to a bully, smoking is portrayed as costing time, money, and independence.

However, there are several other interesting visual dynamics at play. This visual metaphor goes out of its way to disrupt the association between smoking and sex appeal that was so carefully cultivated using characters such as Joe Camel. The National Cancer Institute's survey of smoking research demonstrated that many teenagers view cigarettes as a means to enhance their sex appeal, in part because of pervasive cigarette advertising linking the two (2008, pp. 217-220). Teenage boys see smoking as a means to appear tough, while girls link it to physical appeal and weight control (National Cancer Institute, 2008, p. 219). The bully depicted here is meant to falsify that association. His hair is long, greasy, and resembles a mullet. His white t-shirt is wrinkled, dirty, and appears sweaty. The bully's pants and shoes are a garish brown color, and his stomach fat implies that he is out of shape. The conclusion of the video contains a vivid disgust appeal: after dragging a boy away from his friends to smoke, the bully brushes back his hair with his hands and says "pucker up" as he slides in between the boy's index and middle finger, bringing the visual metaphor full circle to make it abundantly clear that he is meant to personify a cigarette (FDA, 2014a). This greasy little bully and his injunction to "pucker up" therefore reverses the association between cigarette smoking and sex appeal. By this video's logic, the reality of smoking is not the glamorous young men and women of tobacco advertisements; you are in fact kissing a dirty little bully each time you smoke.

*In The Way* is structured almost identically but uses a different cast of teenagers and a different setting. The video begins with a shot of a non-descript suburban garage, featuring a worn-out looking basketball hoop attached to it, and a band of rebellious looking teenagers playing punk-rock style music inside of it. The viewer is then shown the band's drummer: a boy with curly black hair wearing a denim vest with metal studs. He appears to be enjoying himself, engrossed in the band's music, until a diminutive man garbed in black leather grabs his drum



sticks mid-song and complains “I just wasn’t feeling that one” (FDA, 2015b). The little man in black leather then throws the drummer’s sticks over his shoulder, and barks “let’s go,” forcing the drummer to tell his friends: “sorry guys, I need a break” (FDA, 2015b). The band begins playing music again, until the drummer is violently yanked off his seat as the little man growls “outside, now” (FDA, 2015b). A frustrated looking band mate complains with an expression of disbelief, “dude, again?” (FDA, 2015b). Finally, the little bully begins to kick the boy’s bass drum, destroying it in the process. The bully declares: “you and me, we’re going solo” before once again coercing the boy into abandoning his friends, who have disappointed looks on their faces (FDA, 2015b). The commercial ends as the drummer is shown taking a cigarette break, watching his friends practice their instruments from afar. Like *Stay In Control*, cigarettes are portrayed as a barrier to rather than a facilitator of social success. By making the iconography of rock music a central part of the video, *In The Way* follows in the footsteps of the tobacco industry, which has benefited from the glamorization of cigarettes and other drugs in certain types of popular music. To appeal to young adults, the tobacco industry has attempted to link their products to popular music by utilizing advertisements that feature cigarettes and brand icons alongside guitars and other musical instruments (Stanford School of Medicine, 2015f). The message of *In The Way* is nearly the same as *Bully*, but the choice to portray cigarettes as fueling dysfunction in a garage rock band reverses the long-standing association between cigarettes and rock-and-roll music.

*Dance* again portrays cigarettes as an irritating bully that socially impedes its users. The video takes place at what appears to be a high school dance, complete with balloons, a disco ball, flashing lights, party music, and dancing teenagers. A young boy and his date – both dressed quite elegantly – are shown having their picture taken, smiling and enjoying themselves, until a

little bully pops out from behind the boy's head. The bully, looking disheveled in a wrinkled and dirty white tuxedo with his cuffs unbuttoned, grabs the boy's ear lobe and whispers: "hey handsome...remember me?" (FDA, 2016). The man appears to have a receding hairline and like the antagonist of *Bully* has long, greasy hair, this time slicked back. With a crazed expression – his mouth in a contorted, painful looking smile and his eyes wide open, comically bulging from his face – the unstylish bully grabs the boy's mouth and stretches it into an involuntary smile while sneering "cheese" for the camera (FDA, 2016). He continues to tug at the uncomfortable looking boy's mouth and lips, snarling: "you and me, outside, right now" (FDA, 2016).

Eventually, the little bully yanks on the boy so hard that he falls over to his side and collides with something off-screen, much to the dismay of the boy's date. Apparently still being photographed, she appears confused and tries to muster a smile for the camera. The scene changes to a slow dance, and the boy and girl are shown at the center of the dance floor, with their arms around each other. The girl, wearing a decorative floral corsage around her wrist, puts her arms around the boy's shoulder as they begin to lean in for a kiss. This romantic moment is (rather predictably, if you've seen enough of these messages) interrupted as the bully materializes on the boy's pant leg and begins to tug on him, saying: "hey Romeo! Time to cha-cha-cha outside, champ!" (FDA, 2016). The boy appears visibly annoyed as the bully in the ugly tuxedo begins to push him away from his date by shoving the lower half of his legs, saying: "let's go! Move it! Come on twinkle-toes, don't forget who your real date is!" (FDA, 2016). The boy shakes his head in frustration as the bully continues to push him farther and farther away from his date, who remains on the dancefloor, saddened and alone. The video concludes with the boy smoking a cigarette as he sits outdoors on top of a cafeteria lunch table, watching the festive proceedings of the school dance continue without him. The warning of the previous videos analyzed here – that

cigarettes will contribute to social isolation – is applied to the realm of romance within *Dance*. Because cigarette advertising has inculcated the attitude that “smoking will confer attributes associated with success with the opposite sex” amongst many American teenagers, this message aims to destabilize that association by portraying cigarettes as an obstacle to that success (National Cancer Institute, 2008, p. 278). Like the previous three videos, the advertisement’s protagonist ends up cut off from his peers and in a state of isolation: a powerful visual symbolization of cigarette addiction’s propensity to contribute to social alienation.

All four of these videos – *Stay In Control*, *Bully*, *In The Way*, and *Dance* – end with a narrator beseeching the audience, stating “don’t let tobacco control you” (FDA, 2014a; FDA, 2014b; FDA, 2015b; FDA, 2016). The visual metaphors utilized here, along with the underlying appeal to independence and freedom, attempt to garner persuasive appeal by stoking corporeal anxiety. These messages portray cigarettes as physically coercive, implicitly arguing that if one chooses to smoke they are showing weakness, submissiveness, and lack of willpower. Cigarettes are depicted as dangerous insofar as they undermine the individual’s capacity to be a rational agent that is competent enough to make their own decisions and act in their own self-interest. The protagonists are all failures insofar as they have become beholden to cigarettes, and lost autonomy over their own bodies.

### **The Bodily Costs of Smoking in *The Real Cost* advertisements**

The final two videos analyzed here, *Your Skin* (FDA, 2014c) and *Your Teeth* (FDA, 2014d), bear more in common with the *Tips from Former Smokers* campaign than the previous videos analyzed in this chapter. The two videos are structured almost identically. A young teenage smoker walks into a convenience store to purchase cigarettes. The subject puts money onto the cashier’s counter, and asks for a pack of cigarettes. The cashier tells the teenager that

they haven't paid enough, and then the videos take a turn for the surreal. In *Your Skin*, the young female protagonist peels off her own facial skin tissue, leaving scarring on her face, and hands it to the cashier. In *Your Teeth*, a young male protagonist reaches into his pocket for a pair of metal pliers and yanks out one of his own teeth, making a blood-curdling ripping noise in the process. After the two protagonists make this payment, they are given their cigarettes and told: "see you again" by the cashier, implying that this could be a payment that they both make many times more (FDA 2014c; FDA 2014d). Each message ends with a description of smoking's health risks, including a description of skin disease in *Your Skin* and gum disease in *Your Teeth*, respectively.

These videos, through sensationalized and graphic imagery, visually demonstrate that smoking will eventually culminate in skin disease and tooth loss, by equating smoking with literally ripping out one's own teeth or skin. Both videos, through graphic sound effects and grotesque bodily imagery, seek to arouse disgust and shock in their audience in hopes of motivating behavioral change. In doing so, they invoke corporeal anxiety and appeal to the audience's fear of disfigurement. The end result is a concise rebuttal to multiple tobacco industry advertising strategies which have sought to associate cigarettes with health, attractiveness, and sex appeal. Although they operate primarily through visual metaphor, through these advertisements the FDA is able to illustrate what they believe to be the real, non-financial, costs of smoking.

### **Conclusion**

Whether or not *The Real Cost* campaign will be able to match the success of *Tips from Former Smokers* remains to be seen. Because the campaign was launched only two years ago, there is not yet sufficient data to determine if it has impacted teen smoking rates. Despite this

lack of data, there are preliminary signs that point to *The Real Cost* being a success. A study conducted by Duke et al. (2015) found “the campaign is currently generating sufficient exposure within the target audience to ultimately produce behavior change” and that most surveyed youth perceive the campaign to be effective, which is an “important proximal indicator of actual advertising effectiveness” (pp. 9-10). This is because an advertisement’s perceived effectiveness is “positively associated with subsequent behavioral change” (p. 10). Although Duke et al.’s study does not conclusively establish the effectiveness of this campaign, the high levels of awareness achieved by *The Real Cost* campaign “is a critical first step in achieving positive changes in tobacco-related attitudes and behaviors” (p. 11).

Despite these positive signs, the decision to rely on dramatized and surreal messaging is fraught with risk. If this campaign is unable to match the success of *Tips from Former Smokers*, it may be in part because these messages fail to achieve what Fisher calls “narrative probability” or “narrative fidelity” (1984, p. 8). Fisher’s observation that “some stories are better than others, more coherent, more ‘true’ to the way people and the world are” surely holds true in the realm of public health advertising (1984, p. 10). The dramatized and surreal tone of these messages, in contrast to the realism of *Tips from Former Smokers*, runs the risk of being unbelievable or easily dismissed. Dr. Gregory Connolly, a tobacco control expert at the Harvard School of Public Health, has already raised this concern, arguing that “young people are smart and you never want to do messaging that insults their intelligence like someone pulling skin off their face” (Kotz, 2014, para. 9). According to Connolly, the key to success is designing messages youth can relate to, by being “believable but not over the top” (Kotz, 2014, para. 10). Hammond’s review of health warning messages confirms this hypothesis: use of “personal testimonials that depict the images and experiences of ‘real’ people” in the vein of *Tips from Former Smokers* is associated

with “increased emotional impact” whereas “warnings that appear to be ‘staged’ or ‘fake’ undermine a message and lead to message rejection” (2011, p. 332). Ryan et al.’s (2010) qualitative research found viewers of similar anti-smoking advertisements expressed their opinion that “testimonial was a more effective creative vehicle than dramatization” because it was more believable (p. 30). In addition, Fishbein et al.’s (2002) research concluded that “the best predictor of the relative perceived effectiveness” of an antidrug public service announcement is the message’s perceived realism (p. 244). Visual arguments and metaphors may serve the valuable function of simplifying complex public health problems for their audience. Unfortunately for the FDA, the visual metaphors used in *The Real Cost* campaign may oversimplify the problem of smoking to the point of condescension.

The risk of message rejection and dismissal seems particularly salient with regards to *Science Class* and *Found It*, which explicitly allude to pop-cultural texts and emulate the tone of Hollywood films. It is difficult to convey just how dangerous the chemicals and toxins present in cigarettes are through traditional verbal arguments, but it is unclear if choosing to represent these dangers using the imagery of science fiction is the optimal choice. Filling anti-cigarette advertisements with eye-popping monsters may capture the viewer’s attention, but that does not necessarily mean that the viewer will then take the risks of tobacco usage seriously. In fact, choosing to represent the dangers of smoking with something obviously fictional and fabricated may lead young viewers to dismiss the message of *Science Class* and *Found It* entirely, because of the melodramatic and hyperbolic nature of the advertisements. Given the abundance of evidence pointing to the importance of realism when discussing the risks of smoking, using sensationalized alien creatures in anti-smoking messages seems like a dubious strategy.

A similar critique could be (and has been) levied against *Your Skin* and *Your Teeth*, which attempt to offer a corrective to myopic adolescent decision-making that prioritizes short-term social concerns over long-term health risks by portraying those long-term health risks as if they are a short-term consequence of the decision to smoke. Equating smoking to ripping one's skin off certainly does convey the health risks of smoking more viscerally than rote recitation of medical information. Yet, that visceral emotional impact is accompanied by a subsequent loss of realism and plausibility, with detrimental effects for the advertisement's overall efficacy. Setting aside the question of effectiveness, these two messages deserve to be problematized for the way that they use the threat of disability and disfigurement as a fear appeal, appealing to and reinscribing an able-body as the norm, in a manner highly similar to the *Tips from Former Smokers* advertisements. These advertisements manipulate teenager's preoccupation with their own aesthetics, positioning disfigured bodies as the binary opposite of a "mythical able-bodied norm" (Dolmage, 2013, p. 22). As described in chapter three, these negative representations of disability and disfigurement raise a host of ethical concerns and contribute to unequal treatment of abnormal bodies in visual culture by reducing the disabled and disfigured to objects that can be "voyeuristically gazed upon as essentially different from that of 'normal' viewers" (Church, 2011, p. 8).

Viewed alongside these alternatives, the narrative form of *Stay In Control*, *Bully*, *In The Way*, and *Dance*, emerges as perhaps the most effective persuasive strategy analyzed in this chapter. Although these messages also contain fantastic elements (such as smokers being harassed by miniature tormentors) that run the risk of message dismissal due to lack of realism, they do depict real social situations that are likely to have resonance in the lives of teenagers. A teenager is more likely to be confronted with a choice between socializing and taking a cigarette

break than they are to be confronted by an alien creature or instantaneous skin loss, after all. *Stay In Control*, with its understated imagery and relative lack of sensationalism, may be the best message in the entire campaign, if the goal is to maximize both persuasive impact and believability. It requires minimal suspension of disbelief to imagine that cigarettes could constitute a binding contract that constrains and encumbers their users, while the overall metaphor of the advertisement rings true. These independence themed messages are not totally immune to charges of over-dramatization, but the realistic social scenarios they depict give them a semblance of plausibility that the other strategies analyzed here lack.

More importantly, these four videos visually refute the association between cigarettes, independence, and social success, which are important factors in many teenagers' decision to smoke. And they do so without participating in the negative visual power dynamics that are present in *Your Skin*, *Your Teeth*, and *Tips from Former Smokers*. In this respect, the lack of authentic former smokers in these videos is a virtue, as it allows the advertisement to demonstrate the risks of smoking without visually stigmatizing the disabled and disfigured. In the interest of furthering the anti-smoking cause while remaining sensitive to the ways that anti-smoking advertisements can legitimate certain bodies and delegitimize others, the FDA should look to *Stay In Control*, *Bully*, *In The Way*, and *Dance* for inspiration when crafting future anti-smoking strategies.



## **Chapter Five: Conclusion**

This rhetorical analysis of the CDC's *Tips from Former Smokers* campaign and the FDA's *The Real Cost* campaign reveals both continuity with past anti-cigarette discourse and evolution in new directions. Like past cigarette advertising, independence, autonomy, and the desire for sex appeal emerge as key motifs in both of these campaigns, representing an area of thematic continuity. Yet, these campaigns, the first federally funded anti-smoking advertising campaigns ever, also contain significant new developments in the war over the social meaning of cigarettes. *Tips from Formers* represents the most aggressive effort to date to expose American television audiences to the bodily repercussions of tobacco usage. Although the campaign has been hailed as a success in many quarters, its rhetorical side-effect of valorizing a mythical able-bodied ideal has been under-analyzed. Whether or not *The Real Cost* campaign will create durable progress in deterring youth smoking is less certain. The FDA has rightly identified the need to visually refute the glamorous imagery of past cigarette advertisements, but the strategies utilized in *The Real Cost* often strain credulity and believability, and at times appeal to teenagers' concern for their physical appearance in a way that de-legitimizes certain bodily forms, much like the disabled bodily imagery of *Tips from Former Smokers*. In what follows, I will proceed to outline the implications of my findings about these two anti-smoking campaigns and suggest directions for future anti-smoking strategies.

### **Implications for Scholars of Rhetoric and Argument**

My analysis has demonstrated that visual arguments can be dialogical, which is an important insight for scholars of argument and rhetoric. Due to restrictive definitions traditionally advanced by rhetoric and argument scholars, "visual rhetoric is usually seen as monologic" (Roque, 2008, p. 185). Walton has argued for a definition of dialogue that excludes

visual arguments because they cannot entail “an exchange of arguments between two speech partners reasoning together in turn-taking sequence” (1998, p. 30). The results of this study demonstrate that visual argument may be more dialogical than previously conceived. Rather than occurring in a vacuum or in isolation from broader societal discussions about smoking, these campaigns are part of an ongoing process of refutation that spans across decades. The *Tips from Former Smokers* messages *Mark’s Military Service and Illness* and *Brian’s Tip*, for instance, visually subvert the logic of advertising depicting soldiers with cigarettes in an effort to associate tobacco products with patriotism, by giving the viewer a window into the life of military veterans coping with the painful consequences of tobacco usage. In doing so, these anti-smoking advertisements prove that visual arguments are not bound to the realm of monologue, and can in fact participate in a dialogical conversation between two viewpoints.

These advertisements, which clearly engage in a back-and-forth refutation process with the tobacco industry’s advertising, convincingly prove any interpretation of dialogical exchange that excludes visual arguments is overly narrow. It does not require an over-extension of the concept of dialogue to establish that visual arguments should be considered dialogical, either. Two criterion are met: there are two participants in the argumentative exchange (the tobacco industry and the FDA or CDC), and the anti-tobacco advertising directly counters claims previously advanced in cigarette advertising, in a turn-taking sequence. Advertising, reliant as it is on visual argumentation, is also dialogical in another sense. It is a conversation “between the advertiser who says that s/he has the best possible product to meet the consumer’s needs and the consumer” viewing the advertisement (Ripley, 2008, p. 515). Even if the consumer is never afforded a chance to respond in a turn-taking sequence, the advertisement’s designers “knows what kinds of objections the reader will raise to the arguments presented in the ad and will

present and answer those arguments as well, thus making it into a kind of dialogue” (Ripley, 2008, p. 515). Although *Tips from Former Smokers* and *The Real Cost* advertisements have not attempted to sell the viewer a product, they do seek to persuade the viewer to adopt a certain lifestyle, and clearly present counter-arguments to common reasons cited as motivations to smoke. Now that I have demonstrated that an understanding of visual arguments as dialogical is sustainable, I will proceed to outline the utility of this framework, and offer suggestions for future research on dialogical visual arguments.

Understanding visual arguments as dialogical has an important benefit. The framework applied in this thesis – where the evolution of iconography present in advertising efforts for and against cigarette products is traced back over the decades – can be applied to other heated social battles that are in part waged in the visual realm. Several other controversies, which also involve competing public messaging efforts and a similar dialogical exchange of visual arguments, come to mind as being ripe for a rhetorical analysis akin to what has been conducted here. America’s struggle with obesity and fast food, which also involves iconic and widely-recognizable advertising figures such as Ronald McDonald, massive corporations with multi-billion dollar advertising budgets, and intense opposition from public health campaigners, is a prime example. The debate over the link between fast food and obesity also features counter-advertising efforts that rely on graphic fear appeals, rendering this dispute fertile ground for rhetorical critics (Samakow, 2014). In addition, opponents of fast food corporations such as McDonalds have used visual arguments as a means of attacking the burger chain’s appeal to American youths, by depicting the typically jubilant Ronald McDonald as miserable and obese (Short, 2014). This is just one example: it is easy to imagine similarly fruitful analyses of the efforts of anti-war activists to subvert militarism by re-appropriating patriotic images such as the Iwo Jima flag

raising, the efforts of environmentalists to use catastrophic imagery to undermine energy industry assertions that fossil fuels are benign, and other counter-advertising endeavors. The battle between fast food corporations and their critics – along with numerous other disputes that pit advocates of the public good against corporations and their massive advertising budgets – are examples of controversies that would benefit from rhetorical analyses that consider visual argumentation as a dialogical process, rather than a static, monologic artifact divorced from broader socio-political context. Without some conception of visual arguments as dialogical, our rhetorical analyses are considerably less dynamic, contextual, and attuned to the subtle ways that past messaging strategies influence the rhetorical choices of actors in the present.

### **Implications for the Study of the Tobacco Crisis**

This analysis of the visual argumentation and bodily rhetoric within these two campaigns has provided many insights into the state of cigarette discourse in America. This study demonstrates that the iconography and associations propagated by the tobacco industry years ago have enduring potency. The linkages between cigarette smoking and masculinity, femininity, sex appeal, independence and patriotism remain strong. So strong that they have influenced the message selection of both *Tips from Former Smokers* and *The Real Cost*. Indeed, the CDC and FDA have not contested the fundamental worldview of past tobacco advertising, which elevated an idealized notion of the human form and presented smoking as a means to fashion one's self an alluring identity. Rather, anti-smoking forces have adopted this same visual vocabulary and attempted to dispute the causality between smoking and these values. As demonstrated in the previous chapters, this shared appeal to an able-bodied ideal and independence is a rare area of rhetorical continuity between the tobacco industry's advertising and the counter-advertising efforts of anti-smoking forces. Although adopting the vernacular of the tobacco industry may be

a necessary short-term choice, it raises the question of whether anti-smoking campaigns should articulate a truly positive message of their own that isn't merely a reaction to past tobacco industry strategies.

Both *Tips from Former Smokers* and certain advertisements from *The Real Cost* garner persuasive appeal from their utilization of graphic imagery of disabled and disfigured bodies, and their rhetorical continuity with tobacco industry advertising that valorized an ideal able-body and autonomy as sacrosanct principles. Some might consider the re-inscription of an able-bodied ideal to be a small price to pay for the evidently large public health benefits of these campaigns; indeed, it is not my intention to tell the CDC or FDA to cease and desist airing these advertisements on this basis, nor is it my intention to downplay the health risks of smoking or otherwise defend the tobacco industry. In spite of these benefits, it would be a failure of scholars of argument and rhetoric to not scrutinize and criticize “rhetorical *use* of disability to Other, to reinforce normativity” (Dolmage, 2013, p. 20). Indeed, these advertisements are persuasive precisely because they appeal to the audience’s desire to avoid loss of normality, which in turn casts those who do not meet that norm as Other. Because “disability is so naturally and habitually associated with negativity in our society” the rhetorical critic “cannot neglect to question these natural habits” (Dolmage, 2013, p. 286). Far from being an act of empty negativity, criticism of these negative portrayals of disability “generates a range of possible awarenesses, critical tools, and disruptions,” and “the pause, reflection and reconsideration” engendered by critical interventions “will themselves be critical *and* creative opportunities” (Dolmage, 2013, p. 286). That these campaigns have been effective and saved lives should not exempt them from criticism. Although public health messaging practitioners have an obligation to use the most persuasive messages available to them, rhetorical critics have an obligation to

scrutinize and interrogate those means of persuasion in hopes of exposing their reliance on pernicious strategies such as appeals to corporeal anxiety: the fear of disablement, loss of normality and the blurring of the boundaries between humanity and technology.

My attempt to problematize *Tips from Former Smokers* and *The Real Cost* messages that attempt to provoke fear and disgust by emphasizing imagery of disabled and disfigured bodies is not a trivial complaint. In this context, rhetorically linking the disabled and disfigured to disgust is a “tool that individuals use to differentiate between ways of life as normal or abnormal” (Loewen, 2013, p. 77). Reducing disabled and disfigured bodies to a persuasive tactic meant to invoke disgust risks becoming a means to police the boundaries of what is considered normal vis-à-vis the abnormal. The viewing relationship established by these messages, which feature an appeal to society’s aversion to disability and invite the audience to gaze upon disabled bodies with a mixture of fear, disgust, and pity, in turn reinstates a binary between the normal and abnormal, constructing “disability as a state of absolute difference rather than simply one more variation in human form” (Garland-Thomson, 2002, p. 57). This visual rhetoric, which posits an understanding of disability in purely negative terms – as a bodily form that is Other, abnormal, and alien – “renders disability as abject, invisible, disposable, less than human” (Dolmage, 2013, p. 22). In the interest of advancing a visual culture that does not subjugate and dehumanize those persons whose modes of embodiment exceed our currently narrow conception of “normal,” rhetorical scholars must call attention to moments when government agencies like the CDC and FDA circulate negative representations of disability, while offering alternatives in the process. Failure to do so allows stigmatizing depictions of the disabled to proliferate un-criticized, which is antithetical to a visual culture that avoids exclusion and respects difference. It is because society at large is unlikely to even consider weighing the insidious repercussions of the decision

to utilize disabled bodies as visual arguments against the public health benefits of anti-smoking campaigns that rhetorical scholars must be vigilant, and not hesitate to criticize these messages no matter how successful they are from a public health perspective.

### **Implications for Future Anti-Tobacco Campaigns**

Rhetorical criticism holds the potential to provide needed insights about how to refine and improve anti-smoking messaging. I have conducted an historical analysis of the rhetorical trajectory of cigarette discourse, from the first cigarette cards released hundreds of years ago to the most recent *Tips from Former Smokers* and *The Real Cost* messages released earlier this spring. The future of this rhetorical trajectory is unclear, and the fate of both campaigns analyzed here remains uncertain. Despite strong evidence indicating the effectiveness of the CDC's *Tips from Former Smokers* campaign, a recent congressional appropriation bill proposes funding cuts to the CDC's smoking prevention budget so severe that the campaign would likely have to be eliminated outright (Chaloupka, 2016, para. 8). In a time of diminishing political support for certain governmental interventions in public health such as these campaigns, it is important to use resources as efficiently as possible, especially in light of the tobacco industry's still-massive advertising expenditures.

My analysis cannot offer a precise policy solution to a problem this complex. After all, the role of a rhetorical critic is not necessarily to propose silver bullet solutions, but rather to demonstrate "the manner in which our social relations constrain us, often in ways that are virtually invisible" (McKerrow, 1989, p. 97). In spite of this, rhetorical criticism still has practical value insofar as it can be used to reveal the hidden shortcomings of current policies while charting a path towards previously unconsidered alternatives (Wander, 1983, p. 18). After the rhetorical analysis conducted in this thesis, I can offer several recommendations to anti-

smoking practitioners. In particular, the FDA's *The Real Cost* campaign might benefit from reconsidering several persuasive tactics that are prominent within the campaign. Images of vicious alien creatures and teenagers' removing their skin might serve as eye-popping visual flags that demand the viewer's attention, but they are too implausible to reliably advance the anti-smoking cause. The testimonial format present in the CDC's *Tips from Former Smokers* campaign, on the other hand, has more narrative fidelity and is thus easier to recommend as an effective persuasive strategy. Viewers are likely to dismiss messages that appear sensationalized, which puts a premium on advancing messages that are both plausible and carry emotional impact.

However, our debates over how to advance the anti-smoking cause must transcend arguing over whether it is best to frighten audiences via graphic testimonials or via grotesque horror film-style imagery. The shortcomings of exclusively negative messages have been well-documented. Evans-Polce et al.'s (2015) review of literature about smoking stigma found negative messages aimed at stigmatizing smoking as an activity have several counterproductive unintended side-effects, and could potentially make viewers feel: "guilt, loss of self-esteem, defensiveness and resolve to continue smoking" (p. 31). Negative "loss-framed messages" may work with "specialized audiences with detailed knowledge" of tobacco's harms, but most viewers are left with "negative energy and nowhere to channel it" (Wansink & Pope, 2014, p. 10). In addition, Shahwan et al.'s (2016) qualitative study of young smokers found that graphic negative messages caused shock and disgust initially, but that viewers became "de-sensitised following repeated exposures" (p. 4). To avoid defensive behaviors and the numbing effect, anti-smoking advocates must craft a positive vision as well. At this juncture, positing new visions for the future of anti-cigarette advertising is just as important as the technocratic debates about how



to optimally allocate existing resources. Although there is value in the CDC and FDA's current anti-smoking messaging, more consideration must be given to alternative approaches.

Hopefully, future anti-smoking advertisements will find a way to discourage smoking without resorting to rhetorical techniques which denigrate disabled and disfigured people. What I propose is a strategy anchored in a fundamental positivity – rather than the negative, fear-based appeals of *Tips from Former Smokers* and *The Real Cost*. Anti-smoking messaging must cease being solely a reaction to tobacco industry themes, and articulate a positive vision of a world beyond smoking. It may be that public health messages must inevitably elevate certain bodily forms while recommending against others; but this does not mean that negative and graphic fear appeals that rely heavily on images of the disabled must be accorded so high a priority. Mays et al.'s (2015) study identified several benefits to “gain-framed” anti-cigarette messaging that focus on “the benefits of quitting smoking” rather than “the costs of engaging in smoking behaviors” (p. 770). This study found gain-framed messaging “prompted greater motivation to quit, suggesting they may do so by enhancing efficacy beliefs” (Mays et al., 2015, p. 773). Moreover, amongst smokers that already perceive high risks to smoking, “gain-framed messages emphasizing the benefits of cessation were also superior to loss-framed messages focusing on risks” (Mays et al., 2015, p. 773).

Recent qualitative research also confirms that this alternative approach may be more fruitful, as a report prepared for the Australian government's Department of Health and Ageing argued an anti-smoking strategy focused on the benefits of quitting has the potential to encourage better health choices amongst would-be smokers. This research found that 18-25 year olds may be more receptive to appeals touting the economic benefits of avoiding smoking (especially in light of the rising cost of cigarettes) given that young people tend to be “fairly dismissive of

multiple health-effects approaches of the damage smoking causes because of their perceived immunity” (Ryan et al., 2010, p. 42). This report concluded that:

A message that addresses the net health and financial gains experienced by smokers who quit is likely to be positively received, making this approach a useful addition to the social marketing mix for future campaigns. This type of encouraging message is less likely to be screened out by smokers as the more graphic messages recently run. (Ryan et al., 2010, p. 49)

The benefits of a strategy such as this would not be confined to teenagers and young adults alone. Cataldo et al.’s (2015) focus group study found older smokers have “a preference for positively framed messages” and that messages “presented with self-affirming images such as multi-generation activities” are worth exploring (p. 7). In contrast to the de-motivating and defensiveness-inducing effects of negative messaging, positively-framed messages can create “an actionable message” that creates an incentive for compliance across a wide spectrum of viewers (Wansink & Pope, 2014, p. 10). There is some empirical evidence suggesting positive messages, which have been tested in England, may be effective. Richardson et al.’s (2014) research found that “positive emotion campaigns had a significantly greater effect than negative emotion campaigns” in terms of generating calls to the English National Health Service (NHS) smoking cessation telephone hotline (p. 45). This study concluded that positive campaigns “may have a greater effect on calls” and that negative campaigns “only had a significant impact once exposure exceeded a certain threshold” (Richardson et al., 2014, pp. 46-47). Positive messaging might therefore have a greater impact while requiring a smaller volume of advertising overall, which suggests there may be cost-savings and efficiency benefits involved with this approach as well.

Even if the CDC and FDA determine that fear based appeals have a role to play in anti-smoking campaigns, “having a mixture of various messaging strategies is the best way to appeal to a broad range of smokers” especially in light of the fact that “currently there are far more negative messages than positive ones” (Sifferlin, 2014b, para. 5). Without a positive message to counterbalance the recent flood of negative messages, many smokers who increasingly feel “stigmatized and socially isolated” may become “numb to the barrage of health warnings” and “tune out anti-smoking messages” (Farrelly & Davis, 2008, p. 143). The current “overreliance on strategies which focus on negative reinforcement” must give way to new, positive messaging tactics (Evans-Polce et al., 2015, p. 33). A positive campaign might allow the CDC and FDA to gradually alter the terms of the anti-smoking debate altogether – away from fear-based negative messaging that re-inscribes the able body as a norm – towards a discussion of the numerous financial, psychological, and health benefits of forgoing the decision to smoke in the first place. Such a shift in messaging might maximize the benefits of federal anti-smoking efforts while minimizing the rhetorical subjugation of the disabled and disfigured.

A federally-funded message claiming that one could save thousands of dollars a year by quitting smoking would have a simple, yet irresistible, allure, especially among the most economically vulnerable smokers. America’s millions of smokers could be motivated to take proactive action to overcome smoking addiction if their televisions were brimming not only with images of those suffering from their decision to smoke, but with real-life testimonials of former smokers whose lives were meaningfully improved by the decision to cease smoking. Teenagers might reconsider social motivations for tobacco usage if, instead of depressing scenes of young smokers isolated and alienated as a result of their choice to smoke, anti-smoking advertising was replete with imagery emphasizing the social benefits accrued by teenagers and young adults who

choose to avoid tobacco products. Audiences might see the incontrovertible case against smoking more clearly if advertisements told the stories of former smokers whose financial, emotional, and psychological wellbeing were bettered by the choice to quit, instead of relying almost exclusively on tragic narratives issued by speakers struggling to fight back tears. Mothers and fathers who smoke might find an incentive to quit if advertising presented them with images of families made whole again by a parent's bold decision to kick their habit, instead of graphic fear appeals issued by people whose lives are in ruin. Optimistic messages such as these have an obvious appeal, yet remain largely unexplored by federally-funded anti-smoking advertisements.

An optimistic message could emulate *Tips from Former Smokers* by utilizing a testimonial format, since evidence suggests audiences find this approach to have narrative fidelity and believability. These messages could interview former smokers who ceased smoking before they incurred the habit's worst consequences, who would testify about the tangible improvements they have experienced in their lives. Speaking from their own personal experience, they could describe the financial, health, and socio-psychological benefits derived from their decision to quit. The example of England's NHS is once again instructive. The "smokefree" section of the NHS's website features several testimonials from former smokers sharing their real-life success stories. Like *Tips from Former Smokers*, these messages utilize a testimonial format, take place in household settings, and often depict their subjects performing routine tasks. Instead of being depicted struggling to perform household chores due to disability, these former smokers are often shown with their children, happily playing with them or caring for them.

One message details how Michelle, a mother from Halifax, bettered herself and her family by quitting. Michelle is shown participating in a variety enjoyable of activities: picking up

her children from school, going sightseeing in a scenic countryside area with her children, walking a dog while taking her children bike-riding, and feeding ducks in the park. The message alternates between the previously described pleasant scenes of Michelle with her family, and a household setting where Michelle describes how to access and benefit from smoking cessation services offered by the NHS. An NHS smoking helpline advisor also appears in the message and describes these services. As the viewer is shown Michelle taking her children on a bike ride through the park, she delivers this uplifting message:

Emotionally, it helped me tremendously to stay stopped. It fit wonderfully in my lifestyle. I started using some of the money that I was saving from cigarettes to go to exercise classes, whereas I would avoid them at all costs before, because I would be the cougher in the back, you know, now I'm the one struttin' it at the front. With the children, you know, I can go out now and run in the park with them, I play football with them, out on the banks with them, and without worrying about whether I can physically do it. (NHS, n.d.-b)

The video concludes with an image of Michelle and her family on a park bench, smiling and laughing, with sunlight on their faces and vivid green grass and trees behind them, before a transition to a screen with information about how to contact the NHS. Another message featuring Jo, from Leicester, has an even more empowering message. Jo, who calls herself “a fulltime mother,” describes how she quit smoking to improve her health and family life, citing her son’s request for her to quit smoking as her biggest motivation (NHS, n.d.-a). With a look of determination on her face, Jo’s messages concludes with the statement that quitting “is the hardest thing I’ve ever had to do. If I can beat smoking then I can take on anything” (NHS, n.d.-

a). Both messages also provide relatively detailed accounts of the benefits of NHS's cessation services, with each subject describing how the programs made them feel supported.

The benefits of this style of messaging are clear. Positive messaging may be better at generating interest in cessation, with Richardson et al.'s (2014) study showing that exposure to positive campaigns generated "a significant increase" in calls to an anti-smoking hotline (p. 45). Unlike the sensationalist strategies in *The Real Cost*, these messages would be believable and rooted in the lived experiences of actual former smokers. Importantly, these benefits can be achieved without the graphic depictions of disability shown in *Tips from Former Smokers*. Michelle cites enhanced physical fitness as a benefit to quitting, but at no point is disability stigmatized or otherwise described in negative terms. There is no appeal to lost normality, just an affirming message that quitting smoking will allow one to enjoy life's simple pleasures while saving money. Michelle's message outlines goals such as financial savings, fitness, and improved family life, while presenting smoking cessation as an achievable means to obtain those ends. More importantly, Michelle provides details of the NHS's cessation services, further illustrating that these gains are realistic and achievable. Rather than promoting passivity or defensiveness, the viewer is given an incentive to explore cessation options, and offered a feasible escape route from smoking.

Positive messaging is not a panacea. It will take a great deal of thought and delicate crafting of messaging to create positive campaigns that will have resonance with young audiences. Efforts to make cigarettes more expensive, restrictions on pro-tobacco advertising, additional education campaigns, and likely some degree of negative messaging must also be pursued. But at the very least, based on the research cited above and the findings of this thesis, positive messaging deserves to be a larger part of the CDC and FDA's advertising portfolio.

Until such a compromise is achieved, it is likely that as long as tobacco is the leading cause of preventable death in America, there will be advertisements designed to persuade people to avoid tobacco products using appeals to corporeal anxiety, which will in turn increase the urgency of critics being able to successfully analyze visual arguments utilized within these messages.

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